

St. Saviour PSR: Emergency & Illness Information

Student #1 Information

Student's Name _____ Grade _____ DOB: _____

Home Address _____

City _____ State _____ Zip _____ Phone _____

Health Information

Does your child have any health conditions or on medications we should be aware of? Yes* No

Please include any information regarding ADHD/ADD. Yes* No

*If YES please describe: _____

Student #2 Information

Student's Name _____ Grade _____ DOB: _____

Home Address _____

City _____ State _____ Zip _____ Phone _____

Health Information

Does your child have any health conditions or on medications we should be aware of? Yes* No

Please include any information regarding ADHD/ADD. Yes* No

*If YES please describe: _____

Student #3 Information

Student's Name _____ Grade _____ DOB: _____

Home Address _____

City _____ State _____ Zip _____ Phone _____

Health Information

Does your child have any health conditions or on medications we should be aware of? Yes* No

Please include any information regarding ADHD/ADD. Yes* No

*If YES please describe: _____

Student #4 Information

Student's Name _____ Grade _____ DOB: _____
Home Address _____
City _____ State _____ Zip _____ Phone _____

Health Information

Does your child have any health conditions or on medications we should be aware of? Yes* No
Please include any information regarding ADHD/ADD. Yes* No
*If YES please describe: _____

RELEASE (ALL of the following information must be completed by ALL families)

If emergency treatment is required, and the parents or legal guardian cannot be reached immediately, your signature in the space provided below empowers the Elementary Religious Education authorities to exercise their own judgment to transport the child to a hospital emergency room. Likewise, your signature below is not sufficient release of confidential information protected by Federal Law.

Parent Signature _____ Date _____

Parent & Guardian Information

Father's Name _____ Mother's Name _____
Home Address _____ Home Address _____
Zip _____ Zip _____
Home Phone _____ Home Phone _____
Cell # _____ Cell # _____
Email _____ Email _____

Name of Local Person to Contact if Parent (s) are not Available

Name _____ Relationship to Child _____
Address _____
Home Phone _____ Cell# _____
Name _____ Relationship to Child _____
Address _____
Home Phone _____ Cell# _____
Preferred Hospital in Case of Emergency: _____

*****Special Note*****

It is important that this information be kept accurate and up to date.
Please notify the Religious Education Office, 791-9004 with any changes.