

BELLARMINE PREPARATORY SCHOOL EMERGENCY INFORMATION FORM

Student name: _____ Date of Birth: _____
 (on birth certificate) Legal Last Legal First Legal Middle

Home address _____ Primary Phone: _____
 Street City Zip home mom's cell dad's cell other

Person(s) with whom student resides: _____ (Used by Attendance auto-dialer and listed in Student Directory.)

Legal guardian(s): mother and father mother father other (please specify) _____

Parent and Emergency Notification/Release Contacts

Parent/Guardian: Receives Mail:

_____ Name (Last/First) Address (Street) City Zip Code

_____ Cell Phone # Home Phone # Work Phone #

Parent/Guardian: Receives Mail:

_____ Name (Last/First) Address (Street) City Zip Code

_____ Cell Phone # Home Phone # Work Phone #

Emergency Notification/Release Contacts (include one out-of-state contact):

If unable to contact parent(s) please designate people to be notified in the event of an emergency. In a catastrophe, communication options will be limited. We may find it difficult or impossible to reach you directly. Please provide an out of state contact so the school has this additional communication option available.

_____ Name (Last/First) City, State Phone # Relationship to student

_____ Name (Last/First) City, State Phone # Relationship to student

I authorize the release of my child to any of the above emergency/parent contacts: Yes No

Medical Information/Conditions

Family Physician: _____
 Name Phone # Preferred Hospital

Insurance Company: _____

If the parents/guardians named above cannot be reached at the time of an emergency, and if immediate observation or treatment is urgent in the judgment of school personnel, do you authorize and direct the school personnel to send your student (properly accompanied) to the hospital most easily accessible?

Yes No Parent Signature _____ Date _____

Student is in possession of an epi-pen.

Student is in possession of an inhaler.

Health conditions, medications, or allergies school personnel should be aware of: