

**ST. HILARY SCHOOL
EMERGENCY CARD**

Student Name _____ Address _____

Grade _____ Date of Birth _____ Home Phone _____

Parent/Guardian Name _____

Mother's Place of Employment _____ Work Phone _____

Cell Phone _____

Father's Place of Employment _____ Work Phone _____

Cell Phone _____

Local persons to be called in case of accident or illness if you cannot be reached (in order of preference):

Name Address Phone

1. _____

2. _____

Family Physician' Name _____ Phone _____

Family Dentist's Name _____ Phone _____

Significant Health Problems (include allergies, medications) _____

Authorized School Personnel may administer Tylenol Yes No Authorized School Personnel may administer Benadryl Yes No

Authorized School Personnel may administer Advil Yes No Authorized School Personnel may administer Antacid Yes No

_____ Date

_____ Signature of Parent or Guardian

See Other Side 

SCHOOL EMERGENCY PROCEDURES

Your school has adopted the following procedures in caring for your child when he/she becomes sick or injured at school:

In case of emergency and/or need of medical or hospital care:

1. The school will call the home. If there is no answer,
2. The school will call the father's, mother's or guardian's place of employment. If there is no answer,
3. The school will call the other telephone number(s) listed and the physician.
4. If none of the above answer, the school will call an ambulance, if necessary, to transport the child to a local medical facility.
5. Based on the medical judgment of the attending physician, the child may be admitted to a local medical facility.
6. The school will continue to call the parents, guardians or physician until one is reached.

If I (we) cannot be reached and the school authorities have followed the procedures described, I agree to assume all expenses for moving and medically treating this student. I also hereby consent to any treatment, surgery, diagnostic procedures or the administration of anesthesia which may be carried out based on the medical judgment of the attending physician.

Parent/Guardian Signature _____ Date _____

Parent/Guardian Signature _____ Date _____