



St. Louise de Marillac Catholic School

EMERGENCY CARE IN CASE OF SUDDEN ILLNESS OF INJURY

FAMILY NAME _____

STUDENTS NAMES: _____ ROOM _____

_____ ROOM _____

_____ ROOM _____

_____ ROOM _____

ADDRESS: _____

HOME PHONE: _____ MOTHER'S CELL _____

MOTHER'S BUS. PHONE _____ MOTHER'S OCCUPATION _____

FATHER'S BUS. PHONE _____ FATHER'S OCCUPATION _____

FATHER'S CELL # _____ FAMILY E-MAIL _____

NAME OF FAMILY PHYSICIAN _____ PHONE: _____

Do you want your family doctor called when parent cannot be contacted and there is an emergency? _____

What Hospital do you want your child taken to when parent or family physician cannot be reached and there is an emergency? _____

Please list persons to be contacted if there is an emergency and parents cannot be reached –parents are always contacted first (It is advised that you make sure and ask permission from the person that you list.)

Relative/Neighbor NAME: _____

PHONE: _____ CELL _____

Relative/Neighbor NAME: _____

PHONE: _____ CELL _____

It is absolutely necessary that the teacher/school nurse be informed of any unusual existing conditions, such as convulsions, diabetes, nose bleeds, nervousness, heart ailment, rheumatic fever, bee stings, peanut allergies, etc. WRITE COMMENTS ON REVERSE SIDE