

EMERGENCY FORM

Diocese of Davenport Notre Dame High School

TO: Parents/Guardians
FROM: Bill Maupin, Principal
RE: Record Update and Emergency Information

PLEASE COMPLETE THIS FORM AND RETURN TO THE HIGH SCHOOL OFFICE BY THE 1ST DAY OF SCHOOL.

SCHOOL YEAR _____

STUDENT INFORMATION

Name _____ Date of Birth _____ Grade _____
Address _____ Home Phone _____
_____ Cell Phone _____

PARENT/GUARDIAN INFORMATION

Father's Name _____ Home Phone _____
Address _____ Work Phone _____
e-mail address _____ Cell Phone _____

Mother's Name _____ Home Phone _____
Address _____ Work Phone _____
e-mail address _____ Cell Phone _____

List two neighbors or nearby relatives who will assume temporary care of your child if you cannot be reached.

1) Name: _____ Phone Number _____

Relation to student: _____

2) Name: _____ Phone Number _____

Relation to student _____

- **Please complete and sign page 2 (back side) of this form.**

SPECIFIC REMARKS:

ALLERGIES: (Please be specific.....medications, foods, plants, etc.)

MEDICATIONS YOUR CHILD IS PRESENTLY TAKING:

EXISTING MEDICAL CONDITION:

Local Physician's Name: _____ Phone # _____

Medical Insurance Information:

Company Name: _____

Company Number: _____

IN CASE OF ACCIDENT OR SERIOUS ILLNESS, I REQUEST THE SCHOOL TO CONTACT ME. IF THE SCHOOL IS UNABLE TO REACH ME, I HEREBY AUTHORIZE THE SCHOOL TO CALL THE PHYSICIAN LISTED AND TO FOLLOW HIS/HER INSTRUCTIONS. IF IT IS IMPOSSIBLE TO CONTACT THIS PHYSICIAN, THE SCHOOL MAY MAKE WHATEVER ARRANGEMENTS SEEM NECESSARY.

Signature of parent/guardian

Date: _____