

## ST. JOSEPH SCHOOL EMERGENCY INFORMATION

Emergencies involving children may arise at any time. It is of utmost importance that the school has the following information for **EACH FAMILY**. It may mean the difference between life and death if an emergency or accident should occur. This information will be kept on file in the office. Notify the school **IMMEDIATELY** if any of these phone numbers change.

**PLEASE TYPE IN FIELDS OR PRINT OUT AND WRITE LEGIBLY.**

Family Name \_\_\_\_\_

### Mother or Custodial Parent 1 Info

Name \_\_\_\_\_ Address \_\_\_\_\_  
Street City State Zip

Phone ( ) \_\_\_\_\_ Business Phone ( ) \_\_\_\_\_

Cell Phone ( ) \_\_\_\_\_ Pager ( ) \_\_\_\_\_

Email address: \_\_\_\_\_

Business Name and Address \_\_\_\_\_

### Father or Custodial Parent 2 Info

Name \_\_\_\_\_ Address \_\_\_\_\_  
Street City State Zip

Phone ( ) \_\_\_\_\_ Business Phone ( ) \_\_\_\_\_

Cell Phone ( ) \_\_\_\_\_ Pager ( ) \_\_\_\_\_

Email address: \_\_\_\_\_

Business Name and Address \_\_\_\_\_

### Relative, Neighbor, or Caregiver to call in an emergency if parents are not available:

Name/Relationship \_\_\_\_\_ Phone ( ) \_\_\_\_\_

Name/Relationship \_\_\_\_\_ Phone ( ) \_\_\_\_\_

Family Physician \_\_\_\_\_ Phone ( ) \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_

**INFO PERTINENT TO CHILD'S HEALTH:**

<b>CHILD'S NAME</b>	<b>BIRTHDATE</b>	<b>GRADE (ALLERGY, CHRONIC ILLNESS, ETC.)</b>
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

If an accident occurs, I give my permission for **FIRST AID** to be administered. Yes \_\_\_\_\_ No \_\_\_\_\_

In case of serious accident, the Wilmette Paramedic Squad will be called immediately to administer first aid and evaluate the condition of the child, and the parents will be contacted. If hospitalization is required and if parents cannot be reached, the child will be transported by the paramedics to Evanston Hospital, to save time until the parents are located. If the child's condition is serious, he/she will be taken to the most medically appropriate hospital.

As a parent and/or legal guardian, I authorize the treatment of the minors listed on this form by a qualified and licensed medical doctor in the event of a medical emergency, which in the opinion of the attending physician may endanger his/her life, cause physical disability, or undue discomfort if delayed. This consent is granted only after a reasonable effort has been made to reach me.

\_\_\_\_\_  
Parent's Signature

\_\_\_\_\_  
Date