St. Mary Catholic Schools
Grades P3-12

St. Mary Catholic Elementary Schools

Student Emergency Card

STUDENT INFORMATION:

Name:	**DOB:**
Name:	**DOB:**
Name:	**DOB:**
Name:	**DOB:**

PARENT/GUARDIAN INFORMATION:

Father:	**Mother:**
Home Phone:	**Home Phone:**
Cell Phone:	**Cell Phone:**
Work Phone:	**Work Phone:**
Employer:	**Employer:**

In case of an illness or emergency, and the inability to contact a parent/guardian, please contact one of the following:

Name:	**Phone Number:**
Name:	**Phone Number:**

Please list any health conditions of which the school should be aware:

IN THE EVENT OF A LIFE-THREATENING INJURY, STUDENTS WILL BE TRANSFERRED TO THEDA-CLARK HOSPITAL OR THE CLOSEST HOSPITAL

I hereby authorize treatment, administration of anesthesia surgical treatment(s) for my minor son/daughter, in the event of a medical situation occurring during my absence or when the hospital or physician(s) and nursing personnel within the hospital or employed by the physician as well as any physician and physician's staff where treatment is rendered in the physician's office determine such treatment to be necessary.

Signature of Parent/Guardian:

Date: