# HOLY FAMILY HIGH SCHOOL
## Emergency Information

Student's Name: _____ Birthdate: _____ Gr: _____
Parent/Guardian: (Please Print) _____
Father's Phone (Day) _____ Mother's Phone (Day) _____

***Emergency Contact*:** (Provide name (s) of someone local such as a relative or friend if you cannot be reached.)
Name of Primary Contact: _____
Primary Contact Phone (Day): _____ (Circle One: Home, Work, Cell)
Primary Contact Relationship to Student: _____
Name of Secondary Contact: _____
Secondary Contact Phone (Day): _____ (Circle One: Home, Work, Cell)
Secondary Contact Relationship to Student: _____
Physician: _____ Phone Number: _____
Medical Insurance Carrier: _____
Insured Member's Name: _____
Policy Number: _____
Hospital Preference: _____ Phone Number: _____

***Student Medical Alert***
Chronic Illnesses e.g., ADD, ADHD, Asthma, Exercise Induced Asthma, Diabetic, Thyroid or any illness we should be on the alert for *(If no Chronic Illnesses indicate "None or N/A" do not leave blank):*

_____
_____
Allergies *(if no Allergies indicate "None or N/A" do not leave blank):* _____
Medications Taken at Home: _____
Medications Needed at School *(submit all needed forms):*

_____
Date of Last Tetanus Shot: _____

***AUTHORIZATION FOR TREATMENT OF MINORS***

I, _____ being the parent or legal guardian of _____ give my consent for emergency medical and surgical treatment of this minor in a licensed hospital by a licensed Colorado Physician should his/her condition so require it in my absence. I understand that in such a case reasonable attempts would first be made to contact me, time and conditions permitting. As long as the medical or surgical treatment necessary in the situation is in accordance with generally accepted standards of medical practice for the particular type of injury or illness involved. I impose no specific limitations or prohibitions regarding treatment other than those that follow: (If none, so state)

_____
_____

**THIS AUTHORIZATION IS EFFECTIVE FOR THE CURRENT SCHOOL YEAR**

_____ _____ _____ _____
Mother's Signature Date Father's Signature Date