

Holy Trinity Catholic School 2018-2019 EMERGENCY INFORMATION

Student _____ Birthdate _____ Grade _____
last first middle initial

Home Address _____

Home Phone _____ Change? (y) (n) Health Condition _____

Mother's Name _____ Day Phone _____ Ext. _____

Place of Employment _____ Cell Phone _____

Father's Name _____ Day Phone _____ Ext. _____

Place of Employment _____ Cell Phone or Pager _____

Physician's Name & Phone # _____ Brothers/Sisters Birthdate Grade School

Insurance/Policy # _____

If your child becomes ill and you cannot be reached please list the following person(s) who may release or pick up your child:

1. _____
Name (print) Address Phone # Relationship

2. _____
Name (print) Address Phone # Relationship

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South St. Paul District #6 Emergency Care Information

To Parents or Guardians:

1. In case of illness or injury, our procedure will be to contact the parent at home or at work. You will be asked to pick up your child and provide proper care.
2. If we cannot reach you, we will call the relative or neighbor listed on the front of this card and ask them to care for your child. **NOTE:** All elementary students must be signed out in the School Office by the person designated to transport and care for your child.
3. In the case of a major medical emergency, 911 will be called for an ambulance to transport your child to the nearest hospital. Parents/Guardians will be notified as soon as possible. The cost of this ambulance service, if they deem it necessary to transport your child, will be covered by the parent. The School Office will give the ambulance attendant information from this Emergency Card. It is especially important to include any Health Condition and Medications taken that may affect emergency treatment.

South St. Paul District #6 Medication Policy

Parents/Guardians of students requesting that medication (either prescription or over-the-counter) be administered during school hours by school personnel are required to provide for the school:

1. A written parental release for the administration of medication, **and**
2. A signed statement from the licensed prescriber, **and**
3. Medication in the original container or pharmacy-labeled container

Confidential Information

Health/Emergency information on the front of this card may be shared with appropriate school personnel to meet your child's health and educational needs in school.

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