

# ARCHDIOCESE OF PORTLAND

## Student/Youth Emergency Information and Procedure Form

### St. Anne Catholic School

Students Name	Date of Birth	Grade Level	Last Tetanus or Booster	Any Allergies	Any Meds?	What are They?

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Home Phone Number \_\_\_\_\_ Email Address \_\_\_\_\_

Parent(s)/Guardian(s) \_\_\_\_\_

Person with whom student is living \_\_\_\_\_

*In case of illness, accident or emergency to the student named above, the Archdiocese of Portland and its representatives are authorized to proceed as indicated below (**thoroughly complete the following information and number each item 1, 2, 3, etc., in the order of desired action you wish us to take**).*

Contact \_\_\_\_\_ Day Phone \_\_\_\_\_ Other Phone \_\_\_\_\_

Contact \_\_\_\_\_ Day Phone \_\_\_\_\_ Other Phone \_\_\_\_\_

If Above Could Not Be Contacted \_\_\_\_\_ Phone \_\_\_\_\_

Contact Family Physician \_\_\_\_\_ Phone \_\_\_\_\_

Take Student to Nearest Emergency Hospital \_\_\_\_\_

Other \_\_\_\_\_

Please note any injuries, recent surgery, prolonged illness, current medication, corrective lenses or special health problems that would help emergency personnel care for your child or which may require special attention  
 \_\_\_\_\_  
 \_\_\_\_\_

Name of Medical Insurance Company \_\_\_\_\_

Group or I.D. Number \_\_\_\_\_

*I authorize the Archdiocese of Portland and its representatives to use their judgment in determining emergency care and procedures for my child. I also understand and agree that the Archdiocese assumes no financial obligation for expenses incurred in carrying out emergency procedures and/or emergency transportation.*

\_\_\_\_\_  
 Parent/Guardian Signature

\_\_\_\_\_  
 Date

**PLEASE UPDATE THIS INFORMATION ANNUALLY AND RETAIN IN STUDENT/YOUTH FILE.**



# SAINT ANNE CATHOLIC SCHOOL

1131 NE 10<sup>th</sup> Street Grants Pass, OR 97526 (541) 479-1582

Visit us on the Worldwide Web: [www.saintannecatholicsschool.org](http://www.saintannecatholicsschool.org)

## Emergency Information

### Release Authorization

Children Attending Saint Anne Catholic School:

Name \_\_\_\_\_ Grade \_\_\_\_\_

Name \_\_\_\_\_ Grade \_\_\_\_\_

Name \_\_\_\_\_ Grade \_\_\_\_\_

Name \_\_\_\_\_ Grade \_\_\_\_\_

Name \_\_\_\_\_ Grade \_\_\_\_\_

Persons (other than yourself) authorized to pick-up your child[ren].

Name \_\_\_\_\_ Phone \_\_\_\_\_ Relationship \_\_\_\_\_

Name \_\_\_\_\_ Phone \_\_\_\_\_ Relationship \_\_\_\_\_

Name \_\_\_\_\_ Phone \_\_\_\_\_ Relationship \_\_\_\_\_

Name \_\_\_\_\_ Phone \_\_\_\_\_ Relationship \_\_\_\_\_

Name \_\_\_\_\_ Phone \_\_\_\_\_ Relationship \_\_\_\_\_

*Note: Children will not be allowed to knowingly leave with any other person without prior written authorization from you (parent/guardian) and subsequent verification of the identity of person(s) as listed. Please make sure to keep the school office informed if new individuals need to be added to your 'authorized to depart with' list. Thank-you.*

\_\_\_\_\_  
Parent/Guardian Signature

\_\_\_\_\_  
Date

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