



Emergency Information

Family Last Name		
Address	City/State	Zip
Parents With Whom Children Are Living		Home Phone

Persons to Notify in case of Emergency (Please list in order of notification, first person to contact in row one).

1. Name	Relationship	Home Phone	Work Phone	Cell Phone
2. Name	Relationship	Home Phone	Work Phone	Cell Phone
3. Name	Relationship	Home Phone	Work Phone	Cell Phone
4. Name	Relationship	Home Phone	Work Phone	Cell Phone

General Information

Child Name (list all children)	Date of Birth	Family Physician & Phone Number	Allergies (food, Insects, etc.)	Date of Last Tetanus Shot

Please note any injuries, recent surgery, prolonged illness, current medication, corrective lenses, special health problems or other issues requiring special attention that would help emergency personnel to provide appropriate care for your child (include name of appropriate children).

Insurance Information

Name of Medical Insurance Company _____

Group or Identification Number _____

I authorize Regis High School/St. Mary Catholic School and its representatives to use their judgment in determining emergency care and procedures for my child. I also understand and agree that Regis High School/St. Mary Catholic School assume no financial obligation for expenses incurred in carrying out emergency procedures and/or emergency transportation.

Parent/Guardian Signature

Date