



Department of Catholic Schools
Archdiocese of San Antonio
2718 W. Woodlawn Ave
San Antonio, TX 78228
210-734-2620 • Fax 210-734-9112
www.sacatholicschools.org

HEALTH EMERGENCY DATA CARD

School Year: _____ Grade: _____ Homeroom Teacher: _____

Student's Name: _____ **M F**

Last First MI Date of Birth Sex

Primary Address: _____

Street Address City Zip

WHERE CAN PARENTS/GUARDIANS BE REACHED, IF NOT AT HOME?

Mother/Guardian Name: _____ Primary Phone: _____

Address if different: _____ Secondary Phone: _____

Work Place: _____ Work Phone: _____

Work Address: _____ Email: _____

Father/Guardian Name: _____ Primary Phone: _____

Address if different: _____ Secondary Phone: _____

Work Place: _____ Work Phone: _____

Work Address: _____ Email: _____

PLEASE LIST PERSONS WHO WILL ASSUME TEMPORARY CARE OF YOUR CHILD IF YOU CANNOT BE REACHED.

1) Name: _____ Primary Phone: _____

Address: _____ Secondary Phone: _____

Relationship: _____ Work Phone: _____

2) Name: _____ Primary Phone: _____

Address: _____ Secondary Phone: _____

Relationship: _____ Work Phone: _____

In the case of an accident or illness, I request the school to contact me. In the event of an emergency, if the school is unable to reach me, the school has my permission to take whatever action they deem necessary for the health and welfare of my child. I give permission to release information on this form for confidential use to meet my child's health needs.

Medications: _____

Allergies: _____

Medical Conditions: _____

Primary Physician's Name: _____ Phone: _____

Parent/Guardian Signature: _____ Date: _____

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