
STUDENT NAME**DOB****GRADE****SCHOOL YEAR**

Family Emergency Information

FATHER (or GUARDIAN)_____
ADDRESS_____
HOME PHONE NUMBER_____
EMPLOYER_____
BUSINESS PHONE NUMBER_____
OTHER (CELL PHONE)_____
MOTHER (or GUARDIAN)_____
ADDRESS_____
HOME PHONE NUMBER_____
EMPLOYER_____
BUSINESS PHONE NUMBER_____
OTHER (CELL PHONE)_____
SIBLINGS, AGE AND SCHOOL

PLEASE LIST ANY MEDICAL CONDITIONS/HEALTH NEEDS (ALLERGIES, REACTIONS, MEDICATIONS, ILLNESSES, EMOTIONAL CONCERNS, ETC). OR OTHER PERTINENT INFO TO BETTER CARE FOR THIS STUDENT:

EMERGENCY CONTACTS: The following have authority and have agreed to pick up my child due to illness if either parent cannot be reached. (This may include older siblings.)

NAME**PHONE#****NAME****PHONE#**

1. _____ 2. _____

Emergency Consent & FERPA Acknowledgement

As the parent/guardian of the above named student, I recognize that emergency medical treatment may be deemed necessary for my child while at school. I do hereby consent in advance for school personnel to consent for and obtain such emergency care, including ambulance transportation if needed.

Signature of Parent/Guardian: _____

I have been informed of the Family Education Rights & Privacy Act (FERPA)'s location on the St. James Academy web site. I hereby give permission for the confidential transfer of health and/or student records to school personnel and other health professionals so that the best care can be provided for my child.

Signature of Parent/Guardian: _____

HOSPITAL PREFERENCE _____**PHYSICIAN** _____ **PHONE NUMBER** _____**DENTIST** _____ **PHONE NUMBER** _____**HEALTH INSURANCE CARRIER** _____ **POLICY NUMBER** _____