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# ST. JAMES SCHOOL, MCMINNVILLE, ARCHDIOCESE OF PORTLAND

## Student/Youth Emergency Information and Procedure Form

Student Name \_\_\_\_\_ Home Phone # \_\_\_\_\_

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

School Attending **St. James School** Date of Birth \_\_\_\_\_ Grade Level \_\_\_\_\_

*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 cannot be located, contact \_\_\_\_\_ Phone # \_\_\_\_\_

\_\_\_ Contact Family Physician (if possible) \_\_\_\_\_ Phone # \_\_\_\_\_

\_\_\_ Take student to the nearest emergency hospital

\_\_\_ Other \_\_\_\_\_

Last Tetanus immunization or booster date \_\_\_\_\_

Allergies (food, drugs, insects, etc) \_\_\_\_\_

Is the child presently on any medications?  Yes  No

If yes, state name, dosage, reason for drug and prescription physician \_\_\_\_\_

*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 Co. \_\_\_\_\_ Group ID 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

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