

School: _____ Student's Name: _____

First M.I. Last

Grade for 200__-200__ School Year _____

LAFAYETTE CATHOLIC SCHOOL SYSTEM STUDENT EMERGENCY FORM
1 per student (Duplicate form as needed or additional forms are available in school office)

Address _____ City _____ Zip _____

Gender ___ Birthdate _____ Parish _____ *Public School(Child would attend)* _____

Family doctor and phone: _____

Hospital Preference _____

Insurance Company and Policy # _____

In case my child becomes ill or injured at school/school activity and parents cannot be reached, call the following whom I have contacted and should be available: (IT IS IMPERATIVE THAT WE HAVE TWO EMERGENCY NUMBERS).

1. Name: _____ Phone: _____

2. Name: _____ Phone: _____

Dear Parent(s),

For us to assist your son or daughter in a MEDICAL EMERGENCY, this questionnaire must be completed and returned to the school before the first day of school. It is imperative the schools faculty and staff is aware of your son/daughter's physical condition!

My son/daughter has a medical problem(s). (Circle one)

Yes

No

CONDITION	YES	NO	MEDICATION	COMMENTS
Allergies				
Asthmatic				
Diabetic/Hypoglycemia				
Epilepsy/Seizure Disorder				
Hearing Defects/Aids				
Heart Problems				
Hypertension				
Vision: Glasses/Contacts				
Other				

In an emergency, the school will take the necessary steps to assure your child's safety, which could mean contacting an available doctor and/or admitting the child to a hospital. Please sign below giving your permission and indicating that the above information is correct.

Father/Guardian Signature: _____ Mother/Guardian Signature: _____

Printed Name: _____ Printed Name: _____

Home Phone: _____ Work Phone: _____ Home Phone: _____ Work Phone: _____

Primary Email Address: _____ Primary Email Address: _____

Cell Phone/Pager: _____ Cell Phone/Pager: _____

Address of Mother or Father (if different than student) _____

Step-Father's Name: _____ Step-Mother's Name: _____

BOTH SIGNATURES REQUIRED IF STUDENT LIVES WITH BOTH PARENTS.

*******(Please keep this information updated if there are any changes)*******