

2017-2018 St. RICHARD PSR EMERGENCY INFORMATION (Please Print)

Family Name _____ Phone _____

Mother's Name _____ Mother's Phone _____ (If different from above)

Father's Name _____ Father's Phone _____ (If different from above)

Child(ren)'s Name _____ Health/Learning concerns or allergies _____

Medications taken on a regular basis _____

_____ Health/Learning concerns or allergies _____

Medications taken on a regular basis _____

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Medications taken on a regular basis _____

_____ Health/Learning concerns or allergies _____

Medications taken on a regular basis _____

List two relatives or friends who will assume temporary care of your child if you cannot be reached:

1. Name _____ Phone _____

Address _____ Relationship to child(ren) _____

2. Name _____ Phone _____

Address _____ Relationship to child(ren) _____

Physician's Full Name _____ Physician's Phone _____

Physician's Emergency Number _____

Insurance Provider and Member ID # _____

Emergency Care Procedure

In case of accident or serious illness, I request the PSR to contact me. If the PSR is unable to reach me, I hereby authorize the PSR to call the physician indicated above and to follow instructions. If it is impossible to contact this physician, the PSR may make whatever arrangements seem necessary.

Signature of Parent or Guardian _____ Date _____