ARCHDIOCESE OF PORTLAND IN OREGON

CHURCH/SCHOOL EMERGENCY INFORMATION FORM FOR STUDENT/YOUTH

LOCATION INFORMATION ☐ School ☐Church Date: _____

Name: _____ Phone: _____

Address: _____ City: _____ Zip: _____

CONTACT PERSON

Name: _____ Phone: _____ Email: _____

CHILD'S INFORMATION

Name: _____ Date of birth: _____ Grade level: _____

Address: _____ City: _____State: _____ Zip: _____

Parent(s)/Guardian(s): _____

Person with whom child is living: _____

Person(s) to notify in case of an emergency:

Name: _____ Phone 1: _____ 2: _____

Name: _____ Phone 1: _____ 2: _____

Name: _____ Phone 1: _____ 2: _____

Family physician: _____ Phone: _____

Last tetanus immunization or booster date: _____

Allergies (food, drugs, insects, etc.): _____

Is child presently on any medications? ☐Yes ☐No If yes, please state below:

Name: _____ Dosage: _____ Reason for medication: _____

Prescribing physician: _____ Phone: _____

Please note any injuries, recent surgery, prolonged illness, current medication, corrective lenses, special health problem or other issues requiring special attention that would help emergency personnel to provide appropriate care for your child:

_____

_____

INSURANCE INFORMATION:

Name of medical insurance company: _____

Group or identification number: _____

I authorize the Church/School and its representatives to use their judgment in determining emergency care and procedures for my child. I also understand and agree that the Church/School assume no financial obligation for expenses incurred in carrying out emergency procedures and/or emergency transportation.

Parent/Guardian Signature: _____ Date: _____