

# Archdiocese of Portland

## St. Patrick Catholic Church

### *Student/Youth Emergency Information Procedure Form Religious Education Program 2016-2017*

Student's Last Name \_\_\_\_\_

Student's First Name \_\_\_\_\_

Home Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_

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

School Attending \_\_\_\_\_ Grade Level \_\_\_\_\_

Parent(s)/Guardian(s) \_\_\_\_\_

Person with whom student lives \_\_\_\_\_

**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 to take.)**

# \_\_\_\_\_ Contact \_\_\_\_\_ Day Phone \_\_\_\_\_ Other Phone \_\_\_\_\_

# \_\_\_\_\_ Contact \_\_\_\_\_ Day Phone \_\_\_\_\_ Other Phone \_\_\_\_\_

# \_\_\_\_\_ Contact \_\_\_\_\_ Day Phone \_\_\_\_\_ Other Phone \_\_\_\_\_

# \_\_\_\_\_ Contact Family Physician \_\_\_\_\_ Phone \_\_\_\_\_

# \_\_\_\_\_ Take Youth to Nearest Emergency Hospital \_\_\_\_\_

# \_\_\_\_\_ Other \_\_\_\_\_

#### **Medical History Information**

Date of Birth \_\_\_\_\_

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

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

Current medication (state the name, dosage, reason, time, and physician) \_\_\_\_\_

Please indicate any disabilities \_\_\_\_\_

Name of Medical Insurance Co. \_\_\_\_\_

Group or 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 of Portland and St. Patrick Catholic Church assumes no financial obligation for expenses incurred in carrying out emergency procedures and/or emergency transportation.

\_\_\_\_\_  
Parent/Guardian Signature

\_\_\_\_\_  
Date

Was form signed \_\_\_\_\_