



Mother Teresa Academy – Emergency Information
2012 – 2013

form 124

STUDENT(S) NAME: _____

FAMILY NAME: _____ HOME PHONE: _____

ADDRESS: _____ CITY: _____ ZIP: _____

BUSINESS INFORMATION

MOTHER'S NAME: _____ FATHER'S NAME: _____

WORK PHONE: _____ WORK PHONE: _____

CELL PHONE: _____ CELL PHONE: _____

IN THE EVENT OF AN EMERGENCY, IF YOU ARE UNABLE TO REACH ME, PLEASE CONTACT ONE OF THE FOLLOWING:

NAME: _____ NAME: _____

RELATIONSHIP: _____ RELATIONSHIP: _____

WORK PHONE: _____ WORK PHONE: _____

CELL PHONE: _____ CELL PHONE: _____

EMERGENCY MEDICAL INFORMATION:

Does the student have any allergies? _____

If yes, please describe: _____

Is the student currently taking any prescription medication? _____

If yes, please describe: _____

Any pertinent medical condition? _____

If yes, please describe: _____

Are there any dietary restrictions we should know about? _____

If yes, please describe: _____

IF WE ARE UNABLE TO REACH YOU AT ANY OF THE ABOVE NUMBERS AND YOUR CHILD NEEDS TO BE TRANSPORTED TO THE EMERGENCY ROOM OF THE NEAREST HOSPITAL, YOUR SIGNATURE INDICATING PERMISSION FOR TREATMENT IS NECESSARY.

DOCTOR: _____ PHONE: _____

INSURANCE: _____ HOSPITAL PREFERENCE: _____

PARENT SIGNATURE: _____ SCHOOL YEAR 2011-2012