



# POPE JOHN PAUL II HIGH SCHOOL

## 2011 – 2012 Emergency Form

**Please Print All Information Clearly.** Grade for **2011 – 2012** School Year: 9 - 10 - 11 - 12

Student's Legal Name (First, Middle, Last): \_\_\_\_\_

Current Primary Address: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_

Home Telephone: \_\_\_\_\_ Date of Birth (Month/Day/Year): \_\_\_\_\_

Primary Parent Email: \_\_\_\_\_ Student Email: \_\_\_\_\_  
(Please provide for school communications)

**Male Parent/Guardian Information:** Relationship to Student: \_\_\_\_\_

Mr.  Dr.  Other: \_\_\_\_\_ Name (First, Middle, Last): \_\_\_\_\_

Current Street Address: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_

Telephone #'s (home): \_\_\_\_\_ (cell): \_\_\_\_\_ (work ): \_\_\_\_\_

**Female Parent/Guardian Information:** Relationship to Student: \_\_\_\_\_

Mrs.  Ms.  Dr.  Other: \_\_\_\_\_ Name (First, Middle, Last): \_\_\_\_\_

Current Street Address: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_

Telephone #'s (home): \_\_\_\_\_ (cell): \_\_\_\_\_ (work ): \_\_\_\_\_

**Additional Emergency Contacts:**

Name: \_\_\_\_\_ Relationship to Student: \_\_\_\_\_

Do you grant this person permission to release and/or pick up the student from school?  Yes  No

Telephone Number: \_\_\_\_\_ Alternate Telephone: \_\_\_\_\_

Name: \_\_\_\_\_ Relationship to Student: \_\_\_\_\_

Do you grant this person permission to release and/or pick up the student from school?  Yes  No

Telephone Number: \_\_\_\_\_ Alternate Telephone: \_\_\_\_\_

***Please see reverse side.***

Does your child have any past or present health problems or medical conditions?  Yes  No

If yes, please explain: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Is your child able to participate in all school activities?  Yes  No

Are there any restrictions on your child's activities?  Yes  No

If he/she is not able to participate in all school activities and has certain restrictions, please explain and submit documentation from your physician.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Is your child taking any type of medication?  Yes  No

If yes, please list medications and dosage. Also, please indicate whether it will be necessary to take the medication during school hours. Any medications that must be taken during the school day should be provided by the parents/guardians along with written parental consent. All student medications are kept in the school clinic.

\_\_\_\_\_  
\_\_\_\_\_

Does the student have any allergies?  Yes  No

If yes, describe: \_\_\_\_\_  
\_\_\_\_\_

Family Doctor Name: \_\_\_\_\_ Telephone Number: \_\_\_\_\_

Insurance Company: \_\_\_\_\_ Policy/Group Number: \_\_\_\_\_

I authorize Pope John Paul II High School to administer emergency first aid to my child. In the event that I cannot be reached, and immediate emergency care is deemed necessary, I authorize the nearest hospital to provide examination/treatment. I will be responsible for all expenses incurred for said care.

**Required Signatures, as applicable:**

Male Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Female Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_