

**St. Hugh of Grenoble Catholic Church School of Religion**  
**Emergency Information Form**  
**2017-2018**

Does your child have an IEP?  
 (Individual Education Plan)

Student's Name	Medication	Allergies	Describe any health issues	Describe any learning or attention issues	* If "yes" you must provide a copy.
1					*Yes      No
2					
3					
4					

**Insurance Information:**

Insurance Name: \_\_\_\_\_ Policy Number: \_\_\_\_\_

Physician's Name: \_\_\_\_\_ Physician's Phone: \_\_\_\_\_

Person to Contact in case of emergency (if parent is unavailable): \_\_\_\_\_ Relationship to child(ren): \_\_\_\_\_  
 \_\_\_\_\_ Emergency Contact Phone # \_\_\_\_\_

**Consent to Treat:**

I authorize the staff of St. Hugh Church (salaried and/or volunteer) to administer First Aid and/or take my child to a physician or hospital for emergency treatment in the event it appears necessary and neither parent nor guardian can be contacted. (St. Hugh staff may contact the Rescue Squad in emergency situations.)

Signature of Parent or Guardian \_\_\_\_\_ Date \_\_\_\_\_