

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 _____