

# HOLY FAMILY HEALTH ROOM CARD FOR EMERGENCY OR ILLNESS

(WE ASK THAT YOU PLEASE UPDATE INFORMATION EACH SCHOOL YEAR)

## STUDENT

NAME \_\_\_\_\_ (Last) \_\_\_\_\_ (First) \_\_\_\_\_ (Middle)

Parent/Guardian Name \_\_\_\_\_ Home Phone (\_\_\_\_) \_\_\_\_\_

Home Address \_\_\_\_\_ City \_\_\_\_\_ Zip \_\_\_\_\_

Grade \_\_\_\_\_ Date of Birth \_\_\_\_\_ Male \_\_\_\_\_ Female \_\_\_\_\_

Cell Phone (\_\_\_\_) \_\_\_\_\_ Cell Phone (\_\_\_\_) \_\_\_\_\_

Father's Place of Work \_\_\_\_\_ Hours \_\_\_\_\_ Work Phone (\_\_\_\_) \_\_\_\_\_

Mother's Place of Work \_\_\_\_\_ Hours \_\_\_\_\_ Work Phone (\_\_\_\_) \_\_\_\_\_

Father Email (optional) \_\_\_\_\_ Mother Email (optional) \_\_\_\_\_

Family Physician \_\_\_\_\_ Phone (\_\_\_\_) \_\_\_\_\_

Hospital \_\_\_\_\_ Phone (\_\_\_\_) \_\_\_\_\_

Family Dentist \_\_\_\_\_ Phone (\_\_\_\_) \_\_\_\_\_

Do School officials have your permission to summon an ambulance in an emergency situation?

Yes \_\_\_\_\_ No \_\_\_\_\_ If No, indicate plan to follow: \_\_\_\_\_

Health Insurance Coverage \_\_\_\_\_

I.D. Number \_\_\_\_\_ Insured's Name \_\_\_\_\_

**OVER**

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**OVER**

**This information will be shared with school staff who have a need to know.**

Does your child have any special health problems? Yes \_\_\_\_\_ No \_\_\_\_\_

If Yes, explain \_\_\_\_\_  
\_\_\_\_\_

Identify any allergies your child has (food, medication, animals, bees): \_\_\_\_\_  
\_\_\_\_\_

In case of an ALLERGIC reaction, what procedure is to be followed? \_\_\_\_\_  
\_\_\_\_\_

Is your child currently taking medication? No \_\_\_\_\_ Yes \_\_\_\_\_ — Type/Reason \_\_\_\_\_  
\_\_\_\_\_

Does this medication need to be taken during school hours? Yes\*\* \_\_\_\_\_ No \_\_\_\_\_

\*\*If yes, submit Medication Consent Form\*\*

If your child becomes ill while in school, whom may we contact if we cannot reach parent/guardian?

Name \_\_\_\_\_ Phone (\_\_\_\_) \_\_\_\_\_

Name \_\_\_\_\_ Phone (\_\_\_\_) \_\_\_\_\_

**Parent/Guardian Signature** \_\_\_\_\_ **Date** \_\_\_\_\_

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**Parent/Guardian Signature** \_\_\_\_\_ **Date** \_\_\_\_\_