

**STUDENT EMERGENCY FORM – BISHOP GARCIA DIEGO HIGH SCHOOL**

**STUDENT NAME:** First \_\_\_\_\_ Last \_\_\_\_\_ Class: 200\_\_\_\_\_

Primary Phone: \_\_\_\_/\_\_\_\_/\_\_\_\_ Student Lives with: \_\_\_\_\_

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

P.O. Box, Apt. or Suite: \_\_\_\_\_ City: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Birth date: \_\_\_\_/\_\_\_\_/\_\_\_\_ Gender: Male Female Ethnic Group: \_\_\_\_\_

SSN: \_\_\_\_\_-\_\_\_\_\_-\_\_\_\_\_ School Prior to BGDHS: \_\_\_\_\_

---

**FATHER'S NAME:** Title: \_\_\_\_ (i.e. Dr., Mr.) First: \_\_\_\_\_ Last: \_\_\_\_\_

Primary Phone: \_\_\_\_/\_\_\_\_/\_\_\_\_ Secondary Phone: \_\_\_\_/\_\_\_\_/\_\_\_\_ Cell Phone: \_\_\_\_/\_\_\_\_/\_\_\_\_

Fax Number: \_\_\_\_/\_\_\_\_/\_\_\_\_ Occupation/Employer: \_\_\_\_\_

Work Phone: \_\_\_\_/\_\_\_\_/\_\_\_\_ x \_\_\_\_\_ Pager: \_\_\_\_/\_\_\_\_/\_\_\_\_ Email: \_\_\_\_\_

*Address (if different from Student):*

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

P.O. Box, Apt., or Suite: \_\_\_\_\_ City: \_\_\_\_\_ Zip Code: \_\_\_\_\_

**MOTHER'S NAME:** Title: \_\_\_\_ (i.e. Dr., Mrs.) First: \_\_\_\_\_ Last: \_\_\_\_\_

Primary Phone: \_\_\_\_/\_\_\_\_/\_\_\_\_ Secondary Phone: \_\_\_\_/\_\_\_\_/\_\_\_\_ Cell Phone: \_\_\_\_/\_\_\_\_/\_\_\_\_

Fax Number: \_\_\_\_/\_\_\_\_/\_\_\_\_ Occupation/Employer: \_\_\_\_\_

Work Phone: \_\_\_\_/\_\_\_\_/\_\_\_\_ x \_\_\_\_\_ Pager: \_\_\_\_/\_\_\_\_/\_\_\_\_ Email: \_\_\_\_\_

*Address (if different from Student):*

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

P.O. Box, Apt., or Suite: \_\_\_\_\_ City: \_\_\_\_\_ Zip Code: \_\_\_\_\_

**GUARDIAN:** Mother Father Both Other (relationship): \_\_\_\_\_

**CUSTODY:** Mother Father Both Other (explain): \_\_\_\_\_

Other siblings attending Bishop: \_\_\_\_\_

**PARISH/CHURCH INFORMATION:** Are you a Catholic? Yes / No Confirmed? Yes / No

If not Catholic, do you attend another church? Yes / No

Name of Church/Parish you attend regularly: \_\_\_\_\_

**STUDENT NAME:** First \_\_\_\_\_ Last \_\_\_\_\_ Class: 200 \_\_\_\_\_

**In case of an emergency** – If parents can not be reached, the following names of adults over 18 are those whom I have authorized to pick up my son/daughter due to illness, earthquake, fire or national emergency, etc.

**EMERGENCY CONTACT #1**

**NAME:** Last: \_\_\_\_\_ First: \_\_\_\_\_ Relationship: \_\_\_\_\_  
Primary Phone: \_\_\_\_/\_\_\_\_/\_\_\_\_ Secondary Phone: \_\_\_\_/\_\_\_\_/\_\_\_\_ Cell Phone: \_\_\_\_/\_\_\_\_/\_\_\_\_  
FAX Number: \_\_\_\_/\_\_\_\_/\_\_\_\_ Employer: \_\_\_\_\_ Email: \_\_\_\_\_  
Work Phone: \_\_\_\_/\_\_\_\_x\_\_\_\_ Pager: \_\_\_\_/\_\_\_\_/\_\_\_\_ Primary Phone Unlisted? Yes / No

**EMERGENCY CONTACT #2**

**NAME:** Last: \_\_\_\_\_ First: \_\_\_\_\_ Relationship: \_\_\_\_\_  
Primary Phone: \_\_\_\_/\_\_\_\_/\_\_\_\_ Secondary Phone: \_\_\_\_/\_\_\_\_/\_\_\_\_ Cell Phone: \_\_\_\_/\_\_\_\_/\_\_\_\_  
FAX Number: \_\_\_\_/\_\_\_\_/\_\_\_\_ Employer: \_\_\_\_\_ Email: \_\_\_\_\_  
Work Phone: \_\_\_\_/\_\_\_\_x\_\_\_\_ Pager: \_\_\_\_/\_\_\_\_/\_\_\_\_ Primary Phone Unlisted? Yes / No

\*\* In case of major earthquake, fire, or national emergency, my child may drive him/herself home when it is deemed safe. Yes \_\_\_\_\_ Initials No \_\_\_\_\_ Initials

**MEDICAL AND HEALTH INFORMATION**

Doctor: \_\_\_\_\_ Clinic \_\_\_\_\_  
Address: \_\_\_\_\_  
Phone: \_\_\_\_/\_\_\_\_/\_\_\_\_ Medical Insurance: \_\_\_\_\_ Member ID No.: \_\_\_\_\_  
Allergies: \_\_\_\_\_  
Medical Precautions/Disabilities: \_\_\_\_\_  
\*\*\* Medications: \_\_\_\_\_

The school **MAY NOT** distribute any medication, including aspirin and over-the-counter preparations, without written permission from both the student's physician and a parent.

\*\*\*Note: During the school day, students are not to carry medications in backpacks or on their persons without doctor permission *and* school approval. All medications are to be held in the Attendance Office where students may have access when needed. It is not the school's responsibility to administer medications, but rather the student and family must make sure that all medications are kept in this school office.

*In an event that parents and/or emergency contacts can not be reached, the Principal of Bishop Garcia Diego High School or his designee has the permission of the undersigned to seek medical care for the above student. I understand that the school does not assume responsibility for payment of a physician should an emergency arise. In an emergency, the school may choose to call a physician or 911.*

Parent Signatures: Father: \_\_\_\_\_ Date: \_\_\_\_\_  
Mother: \_\_\_\_\_ Date: \_\_\_\_\_