

STUDENT EMERGENCY FORM – BISHOP GARCIA DIEGO HIGH SCHOOL

STUDENT NAME: First _____ Last _____ Class: 201_____

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: _____ State: _____ 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: _____ State: _____ Zip Code: _____

GUARDIAN (LEGAL): Mother Father Both Other (relationship): _____

CUSTODY (LEGAL): 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: _____

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: _____