

POWERS CATHOLIC HIGH SCHOOL

2014-2015 Student Information/Emergency Card

Student's Name

Last

First

Middle Initial

Home Address

Street

City

Zip

Telephone

Birthdate

Father's Name

Mother's Name

Address (if different from above)

Address (if different from above)

City

State

Zip

City

State

Zip

Employer

Employer

Home Phone (if different from above)

Work Phone

Home Phone (if different from above)

Work Phone

Cell Phone

Cell Phone

OVER

IN CASE OF AN EMERGENCY, PLEASE NOTIFY....(OTHER THAN PARENTS):

Name

Relationship

Phone

Physician _____ Phone _____

Hospital Choice _____

ALLERGIES/ILLNESS/SPECIAL INSTRUCTIONS:

Does the school have permission to give Tylenol to your child? YES _____ NO _____

If the school is unable to contact any of the people listed above, I authorize the school to take my child to the hospital listed. I further authorize the school personnel to apply first aid as recommended by the Genesee County Health Department. I agree to pay all expenses incurred in the emergency case.

Parent/Guardian Signature _____ Date _____

Parent e-mail address _____