



## SAINT RAPHAEL ACADEMY

123 Walcott Street | Pawtucket, RI 02860-3256

Voice: 401-723-8100 | Fax: 401-723-8740

www.SaintRays.org

### EMERGENCY HEALTH INFORMATION SHEET

The purpose of this form is to have immediate access to parent(s)/guardians in the event of a medical or personal emergency. Please type or clearly print all information.

Student name: \_\_\_\_\_  
Last Name First Name Middle Initial

Current grade:  9  10  11  12 Student cell phone: \_\_\_\_\_

Home address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip code: \_\_\_\_\_

Student resides with:  mother  father  both  other

**Father/Legal Guardian's name:** \_\_\_\_\_

Address (if different from above): \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip code: \_\_\_\_\_

Home phone: \_\_\_\_\_ Cell phone: \_\_\_\_\_ Work phone: \_\_\_\_\_

Place of Employment: \_\_\_\_\_ Position: \_\_\_\_\_

**Mother/Legal Guardian's name:** \_\_\_\_\_

Address (if different from above): \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip code: \_\_\_\_\_

Home phone: \_\_\_\_\_ Cell phone: \_\_\_\_\_ Work phone: \_\_\_\_\_

Place of Employment: \_\_\_\_\_ Position: \_\_\_\_\_

### ADDITIONAL EMERGENCY CONTACTS

In case of emergency and parent(s)/guardian(s) cannot be reached, please list the names and contact information for TWO responsible people who can be contacted by the school.

- |    | <i>name</i> | <i>phone number</i> | <i>relationship</i> |
|----|-------------|---------------------|---------------------|
| 1. | _____       | _____               | _____               |
| 2. | _____       | _____               | _____               |

**Over...**

**MEDICAL EMERGENCY**

I hereby give permission for my son/daughter \_\_\_\_\_ to be given emergency medical treatment at an emergency medical facility.

Student's physician/pediatrician: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_

Student's date of birth: \_\_\_\_\_

**MEDICAL/PHYSICAL CONDITIONS, ETC.**

If your child has a medical or physical condition that the school should be aware of (including any allergies, etc.), please list them below.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**VEHICLE REGISTRATION INFORMATION**

If your son/daughter will be driving a vehicle to school, please provide the registration number and the state in which it is registered for any vehicle which he/she may drive.

- 1. \_\_\_\_\_
- 2. \_\_\_\_\_
- 3. \_\_\_\_\_

**PARENTAL CONSENT**

If any information recorded on this sheet changes during the school year, I/we will notify the school office. I/we have read and completed this form and consent to its contents.

Father's signature: \_\_\_\_\_ Date: \_\_\_\_\_

Mother's signature: \_\_\_\_\_ Date: \_\_\_\_\_

Or

Guardian's signature: \_\_\_\_\_ Date: \_\_\_\_\_