

**ARCHDIOCESE OF PORTLAND**  
**Student/Youth Emergency Information Procedure Form**

Student Name \_\_\_\_\_ Home Phone # \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

School Attending \_\_\_\_\_ Date of Birth \_\_\_\_\_ Grade Level \_\_\_\_\_

Parent(s)/Guardian(s) \_\_\_\_\_

Parent with whom student is living \_\_\_\_\_

***In case of illness, accident or emergency to the student named above, the Archdiocese of Portland and its representatives are authorized to proceed as indicated below (thoroughly complete the following information and number each item 1, 2, 3, etc., in order of desired action you wish us to take.)***

Contact Mother, Day Phone # \_\_\_\_\_ Other Phone # \_\_\_\_\_

Contact Father, Day Phone # \_\_\_\_\_ Other Phone # \_\_\_\_\_

If Above Cannot Be Located, Contact \_\_\_\_\_ Phone # \_\_\_\_\_

Contact Family Physician (if possible) \_\_\_\_\_ Phone # \_\_\_\_\_

Take Student to Nearest Emergency Hospital \_\_\_\_\_

Other \_\_\_\_\_

Last Tetanus immunization or booster date \_\_\_\_\_

Allergies (food, drug, insects, etc.) \_\_\_\_\_

Is child presently on any medications?  Yes  No If so, state name, dosage, reason for drug and prescription physician \_\_\_\_\_

*Please state any injuries, recent surgery, prolonged illness, current medication, corrective lenses or special health problems that would help emergency personnel care for your student or require special attention* \_\_\_\_\_

\_\_\_\_\_

Name of Medical Insurance Company \_\_\_\_\_

Group or I.D. Number \_\_\_\_\_

I authorize the Archdiocese of Portland and its representatives to use their judgment in determining emergency care and procedures for my child. I also understand and agree that the Archdiocese assumes no financial obligation for expenses incurred in carrying out emergency procedures and/or emergency transportation.

\_\_\_\_\_  
Parent/Guardian Signature

\_\_\_\_\_  
Date

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**PLEASE UPDATE THIS INFORMATION ANNUALLY AND RETAIN IN STUDENT/YOUTH FILE**

**ARCHDIOCESE OF PORTLAND**  
**Parent/Legal Guardian Event Permission Slip**  
**for Student/Youth**

**TO BE COMPLETED BY SPONSORING PARISH/SCHOOL**

Below please find a brief description of the schedule of activities:

Event \_\_\_\_\_ Location \_\_\_\_\_

Archdiocesan Parish, School or Agency \_\_\_\_\_

Date of Event \_\_\_\_\_ Departure Date \_\_\_\_\_

Departure Time \_\_\_\_\_ Return Date \_\_\_\_\_

Estimated Time of Return \_\_\_\_\_ Mode of Transportation \_\_\_\_\_

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**TO BE COMPLETED BY PARENT/LEGAL GUARDIAN**

I, \_\_\_\_\_, the undersigned, give my permission for \_\_\_\_\_  
(Parent/Legal Guardian) (son/daughter)

to take part in an off-premises event which will require transportation and supervision by Archdiocesan employees and volunteers.

- I agree to allow my child to participate in this event.
- I agree and understand that transportation may be provided in such form and at the discretion of the Archdiocese of Portland.
- I also authorize the Archdiocese of Portland and its employees or chaperones to secure any and all necessary medical services for my child in the event of an accident or illness. Further, I agree to be solely responsible for the payment of those services.

Child's Name \_\_\_\_\_ Date of Birth \_\_\_\_\_ Sex  Male  Female

Allergies (food, drugs, insects, etc.) \_\_\_\_\_

Medications (name, dosage, reason) \_\_\_\_\_

Other information (injuries, etc.) \_\_\_\_\_

***In case of emergency, please notify:***

Parent/Guardian (s) \_\_\_\_\_

Day Phone Number(s) \_\_\_\_\_ Evening Phone Number(s) \_\_\_\_\_

Child's Doctor \_\_\_\_\_ Phone Number \_\_\_\_\_

\_\_\_\_\_  
Parent/Guardian Signature

\_\_\_\_\_  
Date

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**THIS FORM TO BE KEPT ON FILE FOR THREE YEARS**