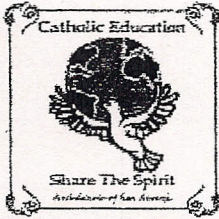


Date of Birth  
MI  
First  
Last  
Student Name



# Archdiocese of San Antonio HEALTH EMERGENCY DATA CARD

(Please Print)

School Year: \_\_\_\_\_ Grade: \_\_\_\_\_

Student's Name: \_\_\_\_\_ SSN: \_\_\_\_\_  
Last First MI

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

City/Zip: \_\_\_\_\_ Phone: \_\_\_\_\_

Where can parents be reached if not at home?:

Mother: \_\_\_\_\_ Phone: \_\_\_\_\_  
First Name Last Name Work Phone:

Address: \_\_\_\_\_ Other Phone: \_\_\_\_\_  
Street City Zip

Father: \_\_\_\_\_ Phone: \_\_\_\_\_  
First Name Last Name Work Phone:

Address: \_\_\_\_\_ Other Phone: \_\_\_\_\_  
Street City Zip

List two neighbors or nearby relatives who will assume temporary care of your child if you cannot be reached.

1) Name: \_\_\_\_\_ Phone: \_\_\_\_\_  
Address: \_\_\_\_\_  
Street City Zip

2) Name: \_\_\_\_\_ Phone: \_\_\_\_\_  
Address: \_\_\_\_\_  
Street City Zip

In case of accident or serious illness, I request the school to contact me. If the school is unable to reach me, I hereby authorize the school to call the physician indicated below and to follow his/her instructions. If it is impossible to contact this physician, the school may make whatever arrangements it deems necessary.

Remarks: \_\_\_\_\_

Medications: \_\_\_\_\_

Allergies: \_\_\_\_\_

Other Conditions: \_\_\_\_\_

Primary Physician: \_\_\_\_\_  
Address: \_\_\_\_\_

Office Phone: \_\_\_\_\_ Other Phone: \_\_\_\_\_

\_\_\_\_\_  
Signature of Parent or Guardian

\_\_\_\_\_  
Date