

PSR EMERGENCY INFORMATION CARD

Student Name: _____
Last First

Parents/Guardian: _____
Mother Father Guardian (if applicable)

Address: _____
Street City State Zip

Phones: _____
Mother: Home Cell Work Father: Home Cell Work

Two nearby relatives or neighbors who will assume temporary care of your child if you cannot be reached:

Name: _____ **Phone:** _____
Home Cell Work

Address: _____
Street City State Zip

Name: _____ **Phone:** _____
Home Cell Work

Address: _____
Street City State Zip

Health information that PSR staff should know about student, including any medication information, and wishes for handling any physical/medical emergency:

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

Signature of Parent or Guardian

Date

Local Physician: _____
Name Phone: Office Emergency

Emergency Center/Hospital _____ **Phone** _____

Address: _____