



EMERGENCY INFORMATION FORM:

Student's name: _____ Age/DOB: _____ YOG: _____

Parent/Guardian(female): _____

Home phone: _____ Cell/Pager _____

Work phone: _____

Parent/Guardian (male): _____

Home phone: _____ Cell/Pager _____

Work phone: _____

In the event that a parent/guardian cannot be reached in an emergency, please list two other people whom the school may contact on behalf of the parent/guardian.

Name: _____ Relationship: _____

Home phone: _____ Work phone: _____

Name: _____ Relationship: _____

Home phone: _____ Work phone: _____

Physician's Name: _____ Phone: _____

Brief Medical History:

() Asthma () Seizures () Diabetes () Allergies _____

() Other _____ Current Medicines _____

All information is confidential and will be kept in the Health Center or copied for use by the Athletic Department. Emergency contact information only, will be placed in the school database.

I give The Catholic High School of Baltimore permission to contact the persons on this form as deemed necessary for the health and safety of my daughter. I also give permission for The Catholic High School of Baltimore to call an ambulance, if necessary in an emergency.

Parent/Guardian Signature: _____ Date: _____

A Quality Secondary Education in the Franciscan Tradition