

St. John of God Special Needs Religious Education Program

Emergency Health Information

In the event that there is a medical emergency and a parent/Guardian is not present we will call emergency services and transport to the hospital recommended by medical personnel.

Please provide the information requested.

Students Full Name: _____

Date of Birth: _____

Address: _____ Home Phone: _____

Parents/Guardians Name: _____

Cell Phone: _____

Home Phone: _____

Emergency Contact #1 (Only called if Parent/Guardian cannot be reached)

Name: _____

Cell Phone: _____

Relationship: _____

Emergency Contact #2

Name: _____

Cell Phone: _____

Relationship: _____

Medical Condition(s):

Please List ALL Medications Currently Taking

Drug	Dosage Strength	Frequency

Parent/Guardian Signature: _____ Date: _____