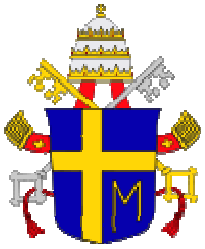

Pope John Paul II Academy

"A private independent school in the Catholic tradition"

Student Emergency Information

Today's Date: _____

Date of Birth: _____

_____

Last Name First Middle

_____

Address City State Zip Phone

_____

Father's/Legal Guardian's Full Name Work Phone

_____

Home Address City State Zip Phone

_____

Mother's/Legal Guardian's Full Name Work Phone

_____

Home Address City State Zip Phone

_____

If you are unavailable, list two persons to whom your child may be released. Your signature authorizes this release.

_____

Name Phone

_____

Name Phone

Does your child take any medication on a regular basis? ___Yes ___No

If yes, what medication(s)?

_____

Does your child have any health problems: (For example, allergies to foods, medicine, or bee stings, diabetes, asthma, epilepsy, seizures, attention deficit, hearing problems, heart condition, or etc.) If yes, please explain: _____

_____

_____

_____

Name of Physician: _____Phone:_____

Name of Dentist: _____Phone:_____

Emergency Contact: _____Phone:_____

Emergency Contact: _____Phone:_____

_____

Parent/Guardian Signature

To help us keep all information current, please notify the school when any information needs to be updated.