Department of Catholic Schools
Archdiocese of San Antonio
2718 W. Woodlawn Ave
San Antonio, Texas 78228
(210) 734-2620 • Fax (210) 734-9112
www.sacatholicschools.org

HEALTH EMERGENCY DATA CARD

(Please Print)

Student Name — Last | First | MI | Date of Birth

School Year: _____ Grade: _____

Student's Name: _____
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**