

St. Clement School Emergency Form
790 Calhoun St.
Hayward, CA 94544
510-538-5885

FAMILY NAME: _____

(please print)

STUDENT/S NAME:

1. _____	Grade _____	Date of Birth _____
2. _____	Grade _____	Date of Birth _____
3. _____	Grade _____	Date of Birth _____
4. _____	Grade _____	Date of Birth _____

Mother: _____

Father: _____

Guardians: _____

Home Address: _____ City: _____ Zip: _____

Home Phone: _____ new address new phone number

If child/children live with a single parent, who is custodial parent? _____

Address and phone number of non-custodial parent: _____

Mother/Guardian's Employment Information:

Name of Company: _____ Dept: _____

Address: _____ City: _____ Zip: _____

Work Phone: _____ Cell or Pager: _____

Work Hours: _____ Mode of Transportation: _____

Email: _____

Father/Guardian's Employment Information:

Name of Company: _____ Dept: _____

Address: _____ City: _____ Zip: _____

Work Phone: _____ Cell or Pager: _____

Work Hours: _____ Mode of Transportation: _____

Email: _____

Do you have a family member at Moreau Catholic High School? _____

If yes, please list name, grade and relationship: _____

Name of Doctor: _____ Phone: _____

Name of Dentist: _____ Phone: _____

MEDICAL INSURANCE: _____

INSURANCE NUMBERS: _____

Is your child/children allergic to any foods, medications, insect bites, etc.? _____

If yes, please give child's name and describe allergy: _____

Does your child have allergies, hay fever, a medical conditions or learning disability (i.e. - ADD, ADHD, asthma, diabetes, heart disease, epilepsy)? _____ if yes, please give child's name and describe condition. _____

Does your child take medication on a regular basis? _____ If yes, please give child's name and describe medication and reason for taking it. _____

Please list **two** or more relatives, friends, or neighbors that we may contact if you the parent or guardian **CAN NOT** be reached in case of illness, emergency, or evacuation who would act on your behalf in picking up and caring for your child. **Please make sure that the persons listed are available during our school hours.** You must also list all siblings that would be picking up your child/children.

Name: _____ Phone: _____ Relationship: _____

Name: _____ Phone: _____ Relationship: _____

Name: _____ Phone: _____ Relationship: _____

Name: _____ Phone: _____ Relationship: _____

At the time of an emergency, if First Aid should be required, I authorize the following (please initial):

_____ First Aid may be administered by a qualified person, and/or I authorize sending my child/children to the nearest hospital if necessary. I understand that the school does not assume responsibility for payment of a physician in any case. However, in an emergency the school may choose a physician.

CONSENT FOR TREATMENT

(I), (We) the undersigned parent(s) or legal guardian of the named students, who are minors, do hereby authorize a representative of St. Clement School as agent(s) for the undersigned to consent to any x-ray examination, Anesthetic, medical or surgical diagnosis or treatment and hospital care that is deemed advisable by, and is rendered under the general or special supervision of any physician and surgeon licensed under the provisions of the California Medicine Practice Act, on the medical staff of an accredited hospital, whether such diagnosis or treatment is rendered at the office of said physician or at said hospital. It is understood that this authorization given in advance of any specific diagnosis, treatment or hospital care being required but is given to provide authority and power on the part of the above-mentioned agent(s) to give specific consent to any and all such diagnosis, treatment or hospital care that the above-mentioned physician in the exercise of his or her best judgment may deem advisable.

This authorization shall remain effective until June 30th of the current school year unless sooner revoked in writing and delivered to the above-mentioned agent(s).

Mother's Signature: _____

Date: _____

Father's Signature: _____

Date: _____

Legal Guardian's Signature: _____

Date: _____