

Holy Spirit Catholic Church – Emergency Card

High School Youth

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Youth's Last Name	First	MI
Date of Birth	Age	Sex
Grade		
Prefered name if different than first: _____		
High school youth attends: _____		
Father's Name _____		
Mother's name _____		
Address _____ City _____ Zip _____		
Address _____ City _____ Zip _____		
Phone: Home _____ Bus _____ Cell _____		
Phone: Home _____ Bus _____ Cell _____		
Person(s) To Call In Emergency When Parents Cannot Be Reached:		
Name _____ Relationship _____ Phone: _____		
Name _____ Relationship _____ Phone: _____		
Family Physician _____ City _____ Phone: _____		
Insurance Co. _____		
Choice of Hospital _____		
Has child any drug/food/environment/etc. allergies: _____		
Any additional medical information: _____		
List daily medication: _____ Date of latest DT: _____		
If the event of an emergency, Holy Spirit will try to contact the youth's mother or father. If neither of these can be reached, I give permission to		
Dr. _____ to be wholly responsible for the care of my child. If he/she is unavailable in the event of a major emer-		
gency, the administration is directed to seek emergency care at the medical or hospital facility indicated above. I will be responsible for the payment of all		
expenses incurred.		

Signature of Parent or Guardian

Date

Any additional medical information can be listed on back.