

**EMERGENCY MEDICAL INFORMATION 2019-2020**

**St. Peter PSR**

OFFICE USE ONLY	
Grade _____	Time _____
Room _____	Birth date _____
<b>Is EPI-PEN required?</b>	Yes      No
<b>Location of EPI-PEN</b>	

Student Name \_\_\_\_\_

Address \_\_\_\_\_

Email Address \_\_\_\_\_

Name \_\_\_\_\_ Mother Home Phone \_\_\_\_\_

Cell Phone \_\_\_\_\_

Work Phone \_\_\_\_\_

Name \_\_\_\_\_ Father Home Phone \_\_\_\_\_

Cell Phone \_\_\_\_\_

Work Phone \_\_\_\_\_

Name \_\_\_\_\_ Other Home Phone \_\_\_\_\_

Cell Phone \_\_\_\_\_

Relationship \_\_\_\_\_ Work Phone \_\_\_\_\_

In the event reasonable attempts to contact the above-mentioned have been unsuccessful, I hereby give my consent for: the administering of any treatment deemed necessary by:

1. Preferred Physician \_\_\_\_\_ Phone \_\_\_\_\_

2. M.D. Specialist \_\_\_\_\_ Phone \_\_\_\_\_

1) In the event a parent or designated preferred practitioner are not available, the PSR staff will call 911.

2) The transfer of the child to (Preferred hospital) \_\_\_\_\_ or any hospital reasonably accessible.

**SIGNATURE OF LEGAL GUARDIAN** \_\_\_\_\_ **DATE** \_\_\_\_\_

Food Allergies \_\_\_\_\_ Medicine Allergies \_\_\_\_\_

Insect Allergies \_\_\_\_\_ Other Allergies \_\_\_\_\_

Is EPI-PEN Required? \_\_\_\_\_ Will EPI-PEN be kept with child \_\_\_\_\_  
in classroom \_\_\_\_\_  
in PSR office \_\_\_\_\_

**\*\*If EPI-PEN is kept at St. Peter, during class time, it must be in a sealed container and clearly labeled with the child's name, age, contact phone numbers, symptoms to look for, dispensing instructions, and a current photo of the child.**

Current Medications \_\_\_\_\_

Health Concerns (Diabetes, Asthma, Contacts, Etc.) \_\_\_\_\_

I release St. Peter PSR and St. Peter Church, staff and volunteers from all liability that may arise from any emergency.

**Signature of Parent or Guardian:** \_\_\_\_\_ **date** \_\_\_\_\_

<b>REFUSAL TO CONSENT:</b> I do not give my consent for emergency treatment of my child. In the event of illness or injury requiring emergency treatment I wish St. Peter authorities to TAKE NO ACTION OR TO:	
Signature of Legal Guardian _____	Date _____