School: _____ **Student's Name:** _____
First Middle Last

Grade for 2016-17 _____

LAFAYETTE CATHOLIC SCHOOL SYSTEM STUDENT EMERGENCY FORM

1 per student (Duplicate form as needed or additional forms are available in school office)

Address_____City_____Zip_____

Gender___Birthdate_____Parish_____***Public School(****Child would attend****)***_____

Family doctor and phone: _____

Hospital Preference_____

Insurance Company and Policy # _____

In case my child becomes ill or injured at school/school activity and parents cannot be reached, call the following whom I have contacted and should be available: (IT IS IMPERATIVE THAT WE HAVE TWO EMERGENCY NUMBERS).

1. Name: _____Phone: _____
2. Name: _____Phone: _____

To assist your son or daughter in a MEDICAL EMERGENCY, it is very important the faculty and staff is aware of your son/daughter's physical condition.

My son/daughter has a medical problem(s) or Life Threatening Condition*. (Circle one) Yes No

CONDITION	YES	NO	MEDICATION	COMMENTS
Allergies				
Asthmatic				
Diabetic/Hypoglycemia				
Epilepsy/Seizure Disorder				
Hearing Defects/Aids				
Heart Problems				
Hypertension				
Vision: Glasses/Contacts				
Other				

NEW STUDENTS: Please attach a record of immunizations with dates including month/day/year.

In an emergency, the school will take the necessary steps to assure your child's safety, which could mean contacting an available doctor and/or admitting the child to a hospital. Please sign below giving your permission and indicating that the above information is correct. *If a life threatening condition exists, provide needed details to your principal.

Father/Guardian Signature: _____ Mother/Guardian Signature: _____

Printed Name: _____ Printed Name: _____

Home Phone: _____ Work Phone: _____ Home Phone_____ Work Phone_____

Primary Email Address:_____ Primary Email Address: _____

Cell Phone/Pager: _____ Cell Phone/Pager: _____

Address of Mother or Father (if different than student) _____

Step-Father's Name:_____ Step-Mother's Name: _____

BOTH SIGNATURES REQUIRED IF STUDENT LIVES WITH BOTH PARENTS.

****************(Please inform the your school office if there are changes to the above)********************

Revised by AMS 08/15/16