

ID# _____

EMERGENCY INFORMATION

HIGH SCHOOL GRADUATION YEAR _____ DATE OF BIRTH _____

LAST NAME (please print) FIRST NAME MIDDLE NAME

ADDRESS CITY ZIPCODE

HOME PHONE NUMBER

FATHER'S/GUARDIAN FULL NAME PLACE OF EMPLOYMENT WORK#/W/AREACODE

MOTHER'S/GUARDIAN FULL NAME PLACE OF EMPLOYMENT WORK#/W/AREACODE

FATHER'S/GUARDIAN CELL PHONE # MOTHER'S/GUARDIAN CELL PHONE #

NAMES OF SIBLINGS AT ANDREW HIGH SCHOOL

If we cannot be contacted at the above locations at the time of serious injury or illness, school authorities have permission to call any of the following, who will help assume responsibility until we can be located.

FULL NAME RELATIONSHIP(relative/friend) PHONE#/W/AREACODE

FULL NAME RELATIONSHIP(relative/friend) PHONE #W/AREACODE

FULL NAME RELATIONSHIP(relative/friend) PHONE #W/AREACODE

HEALTH PROBLEMS: _____

MEDICATIONS: _____

ALLERGIES: _____

FAMILY PHYSICIAN ADDRESS PHONE #W/AREA CODE

SCHOOL AUTHORITIES HAVE OUR CONSENT TO ACT IN AN EMERGENCY TO SECURE THE NECESSARY AID AND TRANSPORTATION FOR THE PRESERVATION OF OUR CHILD'S HEALTH IN TIME OF EMERGENCY.

DATE SIGNATURE OF PARENT/GUARDIAN

Please inform the Nurse's Office of any change in the above information.

Revised 1/12

VICTOR J. ANDREW HIGH SCHOOL, 9001 W. 171ST STREET, TINLEY PARK, IL 60487 (708) 342-5858 or 5859