

\*\*\* PLEASE PRINT ALL INFORMATION LEGIBLY \*\*\*



2011-12

# FAMILY EMERGENCY INFORMATION

27 N. Lavergne Ave. | Northlake, Illinois 60164 | P: 708-562-1466 | F: 708-562-0142 | info@sjvsonline.org

*This form is very important to you and to the school in case of an emergency, illness, or accident.  
Please complete the following information and return **immediately**.*

**Main Name:** \_\_\_\_\_ **Phone #:** \_\_\_\_\_

In the space below, please list your child or children according to grade. The column on the right should be used to indicate any **allergies\*** or **medical conditions\*\*** they may have and the related treatment(s) of which the school should be aware.

\* **Allergies** may include but not be limited to: latex, penicillin, grass, dust, mold, pollen, insect bites, etc.  
\*\* **Medical conditions** may include but not be limited to: asthma, heart murmur, ear tubes, diabetes, etc.

Child(ren) Name(s)	Grade	Allergies/Medical Conditions	Treatment
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Below are several possible courses of action the school will take should your child(ren) be the subject of a medical emergency. Please rank each item in the order of importance in which you would like the school to act.

**NOTE: IT IS CRITICAL TO NOTIFY THE SCHOOL OF ANY CHANGE TO THE PHONE NUMBERS LISTED BELOW.**

IN CASE OF AN EMERGENCY, THE SCHOOL IS AUTHORIZED TO PROCEED AS INDICATED BELOW			
<input type="checkbox"/>	Contact Mother:	_____	_____
		Cell	Home Work
<input type="checkbox"/>	Contact Father:	_____	_____
		Cell	Home Work
<input type="checkbox"/>	Contact Family Physician:	_____	_____
		Name	Phone #
<input type="checkbox"/>	Take child to ER:	_____	_____
		Hospital Name	Phone #
<input type="checkbox"/>	Other desired procedure:	_____	_____

Use numbers 1-5 to assign importance to each course of action: 1 = First, 5 = Last

List any other available contacts and their phone numbers. Specify name and relationship to student(s).

Name	Relationship	Phone #
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____