

WILDWOOD CATHOLIC HIGH SCHOOL

EMERGENCY PROCEDURE FORM

Please complete entire form

Please complete **one form per family**. When information changes, please notify the business office.
PLEASE PRINT.

LAST NAME(S) _____

Student's Name _____ Date of Birth _____

Student's Name _____ Date of Birth _____

Student's Name _____ Date of Birth _____

Parent/Guardian(s) _____

Home Address _____ Home Phone _____

Mother/Guardian Work Phone _____ Cell phone _____

Father/Guardian Work Phone _____ Cell phone _____

NAME OF ALTERNATE PERSON TO BE NOTIFIED IN EMERGENCY:

_____ Phone _____ Relationship _____

_____ Phone _____ Relationship _____

DOCTOR TO BE CONTACTED _____

Phone _____

If emergency treatment is required, may the school authorities use their own judgment in securing medical services that are most easily accessible providing none of the above listed people can be reached?

_____ YES _____ NO

Name any special medical problems or allergies: _____

Do you have health insurance? _____ Yes _____ No

If yes, please provide Insurance Company. _____

Name of Parent/Guardian _____ (Please print)

Signature _____ Date _____