

POWERS CATHOLIC HIGH SCHOOL
2011-2012 Student Information/Emergency Card

Student's Name _____
Last First Middle Initial

Home Address _____
Street City Zip

Home Telephone (____) _____ Birth date _____

Father's Name Mother's Name

Address (if different) Address (if different)

City State Zip City State Zip

Employer Employer

(____) (____) (____) (____)
Home Phone (if different) Work Phone Home Phone (if different) Work Phone

Cell Phone Beeper # Cell Phone Pager #

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IN EMERGENCY, NOTIFY (OTHER THAN PARENTS):

Name _____ Relationship _____

Phone _____

Physician: _____ Phone: _____

Hospital Choice: _____

Allergies/Special Illness/Special Instructions:

Does the school have permission to give Tylenol to your child? Yes _____ No _____

If the school is unable to contact any of the people listed above, I authorize the school to take my child to the hospital listed. I further authorize the school personnel to apply first aid as recommended by the Genesee County Health Department. I agree to pay all expenses incurred in the emergency case.

Parent/Guardian Signature _____ Date _____

Parent e-mail address _____

IN EMERGENCY, NOTIFY (OTHER THAN PARENTS):

Name _____ Relationship _____

Phone _____

Physician: _____ Phone: _____

Hospital Choice: _____

Allergies/Special Illness/Special Instructions:

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