



HOLY SAVIOR ACADEMY

STUDENT EMERGENCY INFORMATION

In the event of an emergency and none of the persons listed below are available, I authorize the school to take my child to the hospital, doctors or dentist office for emergency care.

Student Name _____ Grade _____

Birth Date _____ School Year: 2026 - 2027

Address _____

Street City Zip
PARENT: Sign up for email list: Y N PARENT: Sign up for email list: Y N

Name _____ Name _____
First Last First Last

Cell Phone _____ Cell Phone _____

Email Address _____ Email Address _____

Employer _____ Employer _____

Address _____ Address _____

City/State/Zip _____ City/State/Zip _____

Work Phone _____ Work Phone _____

Work Email _____ Work Email _____

In the case of emergency, list the names of two (2) LOCAL people who could be contacted if parent/guardian is not available.

1. Name _____ Relationship to child _____

Home Phone _____ Cell Phone _____ Work Phone _____

2. Name _____ Relationship to child _____

Home Phone _____ Cell Phone _____ Work Phone _____

Medical Doctor

Dentist

Name _____ Name _____

Phone _____ Phone _____

List any allergies _____

List any medical/health problems _____

List all drugs/medicine taken regularly _____

I give the Holy Savior Academy school nurse permission to share medical information with those involved in my child's care.

Parent/Guardian Signature _____ Date _____

Relationship to child _____