



TRADITION.  
INNOVATION.  
EXCELLENCE.

## STUDENT EMERGENCY CARD

This form must be completed **for each student prior to the beginning of each school year**. These forms are used in the event of an emergency and must be on file in the main office before a student can begin school.

### **Student's Personal Information:**

Name: \_\_\_\_\_  
First Name Middle Initial Last Name

Male  Female  Date of Birth: \_\_\_\_\_

Primary Address: \_\_\_\_\_  
Street City State/Province Postal Code

### **Primary Guardian #1:**

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Home Phone #: \_\_\_\_\_ Cell Phone #: \_\_\_\_\_

Primary Address: \_\_\_\_\_  
Street City State/Province Postal Code

Employer: \_\_\_\_\_ Work Phone #: \_\_\_\_\_

Work Address: \_\_\_\_\_  
Street City State/Province Postal Code

### **Primary Guardian #2 (If applicable):**

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Home Phone #: \_\_\_\_\_ Cell Phone #: \_\_\_\_\_

Primary Address: \_\_\_\_\_  
Street City State/Province Postal Code

Employer: \_\_\_\_\_ Work Phone #: \_\_\_\_\_

Work Address: \_\_\_\_\_  
Street City State/Province Postal Code

### **Emergency Dismissal Information**

In case of an emergency early dismissal for any reason, please release the above named student to:

\_\_\_\_\_ Ride the bus home

\_\_\_\_\_ Pick up by an authorized person listed on this form.

### **Emergency Contact #1:**

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Home #: \_\_\_\_\_ Cell#: \_\_\_\_\_ Work#: \_\_\_\_\_

Primary Address: \_\_\_\_\_  
Street City State/Province Postal Code

**Emergency Contact #2:**

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Home #: \_\_\_\_\_ Cell#: \_\_\_\_\_ Work#: \_\_\_\_\_

Primary Address: \_\_\_\_\_  
Street City State/Province Postal Code

**Student Health Information:**

Applicant's medical history or information pertinent to child's routine care and treatment/diagnosis in case of an emergency. (e.g. allergies, diabetes, color blindness, convulsive disorders, and serum or food sensitives): \_\_\_\_\_

List all applicant's current medications and any special diet he/she receives and reason for them: \_\_\_\_\_

**Physician Information:**

Name of Physician's Practice: \_\_\_\_\_

Name of Physician: \_\_\_\_\_ Physician's Phone #: \_\_\_\_\_

Physician's Address: \_\_\_\_\_  
Street City State/Province Postal Code

**Student Insurance Information:**

Health Insurance Provider: \_\_\_\_\_

Policy Holder Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Policy Number: \_\_\_\_\_ Group Number: \_\_\_\_\_

Employer: \_\_\_\_\_ Applicant does  does not  have hospitalization coverage

*In the event of an emergency and the parents/guardians/emergency contacts cannot be reached, the undersigned hereby authorizes representatives of Providence Heights Alpha School to act as my agent to secure emergency medical treatment for the above named student, a minor child for whom I am responsible, at UPMC Passavant Hospital, when, in the opinion of school representatives, such emergency medical treatment is deemed appropriate during the time my child is attending, coming to, or leaving school. I hereby agree to hold Providence Heights Alpha School, its representatives, and the Sisters of Divine Providence harmless for exercising its judgment in authorizing such emergency treatment and said representatives specifically authorized to sign any required emergency hospital treatment forms on my behalf.*

*In consideration for the above named student, I do hereby release and forever discharge Providence Heights Alpha School and the Sisters of Divine Providence located at 9000 Babcock Boulevard, Allison Park, PA, 15101 from any and all actions or suits in law or equity which I might hereafter have, by reasons of injuries sustained by the above named student while attending, coming to, or leaving from school.*

*I/We, the undersigned, do attest to the accuracy of the information provided on this form. Furthermore, should there be any change, I/we will immediately notify the school.*

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**To be completed LATER: Date Reviewed/Updated: \_\_\_\_\_ Parent/Guardian Initials: \_\_\_\_\_**