



SAINT JAMES' Episcopal School

EMERGENCY CONTACT FORM

Student Name (First, Middle, Last): _____

Date of Birth: _____

Teacher: _____

If divorced, custodial parent: _____

Parent/Guardian: _____

Parent/Guardian: _____

Address: _____

Address: _____

Home Phone: _____

Home Phone: _____

Cell Phone: _____

Cell Phone: _____

Work Phone: _____

Work Phone: _____

Email: _____

Email: _____

An Emergency Contact will be contacted in the event that neither parents nor guardian can be reached. This person should be authorized to make decisions regarding medical care for the student.

Emergency Contact: _____

Home Phone: _____

Relationship: _____

Work Phone: _____

Cell Phone: _____

Other Authorized Persons to Pick Up Child (indicate relationship): (1) _____

(2) _____

(3) _____

MEDICAL INFORMATION

Allergies: _____

Medical Conditions: _____

Medications: _____

Student's Doctor: _____

Phone : _____

Insurance Carrier and Policy Number _____

Insurance Phone _____

Policyholder Name _____

Saint James' Episcopal School (the "School") has my permission, in an emergency, when I, the other parent/guardian, and the emergency contact listed on this form cannot be contacted (either because we are not reachable or because the situation requires immediate action) to arrange for emergency medical transport (including via ambulance) and obtain immediate medical treatment at a medical facility or hospital. The hospital or medical facility and its medical staff have my authorization to provide treatment which the treating physician deems necessary for the well being of my child. I understand and agree that I will be responsible for the payment of all amounts incurred (including the cost of medical transport) in connection with such treatment and that the School shall have no liability for such amounts.

Parent/Guardian Signature: _____

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