

# SLUH Emergency Card

Student's Name (Last, First Middle)

Date of Birth

Address

Home Phone #

Father's Name

Employer

Work #

Cell #

Mother's Name

Employer

Work #

Cell #

Doctor's Name

Address

Phone #

If parent's can't be reached call \_\_\_\_\_

Name

Phone #

Insurance Co./Policy Number \_\_\_\_\_

Please list any allergies/pre-existing conditions that you want emergency personnel to be aware of:

In case emergency treatment is needed for your son, he will be taken to St. Mary's Hospital or the nearest hospital where the injury takes place UNLESS a specific hospital has been indicated \_\_\_\_\_

I hereby give permission to a physician to administer emergency treatment to the above named student.

\_\_\_\_\_  
Father's Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Mother's Signature

\_\_\_\_\_  
Date