

**ST. BONAVENTURE PARISH SCHOOL  
EMERGENCY TREATMENT CARD**

STUDENT'S NAME \_\_\_\_\_ GRADE/SECTION \_\_\_\_\_  
 Last First MI  
 ADDRESS \_\_\_\_\_ HOME PHONE \_\_\_\_\_  
 Number Street City/Zip Code

Father's Name \_\_\_\_\_ CELL PHONE \_\_\_\_\_

Father's Employer \_\_\_\_\_ BUS. PHONE \_\_\_\_\_

Mother's Name \_\_\_\_\_ CELL PHONE \_\_\_\_\_

Mother's Employer \_\_\_\_\_ BUS. PHONE \_\_\_\_\_

SINCE THE PHYSICAL WELFARE OF ANY STUDENT IS PRIMARILY A PARENTAL RESPONSIBILITY, EVERY EFFORT WILL BE MADE TO CONTACT THE PARENT FIRST.

In case of sudden illness or an accident in the school and a parent is NOT available, please list two persons who could arrange transportation and care:

Relative or Friend \_\_\_\_\_ PHONE NO. \_\_\_\_\_

Relative or Friend \_\_\_\_\_ PHONE NO. \_\_\_\_\_

Family Physician \_\_\_\_\_ PHONE NO. \_\_\_\_\_

Family Dentist \_\_\_\_\_ PHONE NO. \_\_\_\_\_

(Please complete other side)

Unusual health conditions (diabetic, heart conditions, allergies, etc.) \_\_\_\_\_

Student's Birth Date \_\_\_\_\_ Sex \_\_\_\_\_

If my child needs immediate medical attention and the school is unable to contact his/her parents or family doctor, you have my permission to take my child to the emergency room at a local hospital for treatment.

DATE \_\_\_\_\_ PARENT'S SIGNATURE \_\_\_\_\_

**EMERGENCY PROCEDURES FOR CRITICAL ILLNESS**

1. Notification of parent and immediate first-aid treatment.
2. Procurement of police and/or ambulance for fast and safe transportation to an emergency room in a local hospital for immediate treatment.
3. The student will be accompanied to the hospital by the school nurse or a member of the school staff.