CENTRAL CATHOLIC
HIGH SCHOOL
*A Marianist College Preparatory Institution, Since 1852*
1403 N. St. Mary's St.• San Antonio, TX 78215
Betty Cuellar • (210) 225-6794, Ext. 203

# Medical Information & Emergency Form

**Parents, please complete this form and return it to the Attendance Office by August 12, 2011**

| Student's Last Name | First Name | MI | Date of Birth | Age | Grade |
|---|---|---|---|---|---|
| | | | | | |

Father's Name: _____ Mother's Name: _____

Address: _____ Address: _____

City: _____ Zip: _____ City: _____ Zip: _____

Phone: Home: _____ Phone: Home: _____

Business: _____ Business: _____

Cell: _____ Cell: _____

Pager: _____ Pager: _____

Name of Business: _____ Name of Business: _____

Student lives with ❑ Father ❑ Mother ❑ Both ❑ Other_____

Person(s) to call in emergency when parents cannot be reached:

Name: _____ Relationship: _____ Phone: _____

Name: _____ Relationship: _____ Phone: _____

Name: _____ Relationship: _____ Phone: _____

Family Physician: _____ City: _____ Phone: _____

Choice of Hospital: _____

Insurance Company: _____

Does your child have any drug/food/environmental/etc. allergies? ❑ No ❑ Yes

If yes, describe: _____

Any additional medical information: _____

List of daily medications: _____

Date of latest TD: _____

If any emergency should arise, the school will try to contact the student's mother or father or designated emergency persons. If neither parent can be reached, I give permission to Dr. _____ to be wholly responsible for the care of my child. If the doctor is unavailable in the event of a major emergency, the administration is directed to seek emergency care at the medical or hospital facility indicated above. I will be responsible for the payment of all expenses incurred. I understand that the school may disclose any information to school staff who work directly with my child.

_____ _____

Signature of parent or guardian of student Date