



St. Paul's Choir School

Emergency Form 2024-2025

Student		DOB	
Address		Cell Phone	
City, State, Zip		Home Phone	
Parent/Guardian 1		Parent/Guardian 2	
Address		Address	
City, State, Zip		City, State, Zip	
Home Phone		Home Phone	
Work Phone		Work Phone	
Cell Phone		Cell Phone	
Email		Email	

Person(s) other than parent to contact in an Emergency:

Name: _____ Relationship: _____

Cell Phone: _____ Other Phone: _____

Insurance Information (optional)

Physician	
Address	
City, State, Zip	
Insurance Co.	
Policy Holder	Policy #

While my son is with the St. Paul's Choir School, I hereby authorize the Headmaster, Director, Principal and/or one on the chaperones in charge of the Choir, to make any necessary arrangements for the care and treatment of my son in case of accident or illness.

Name (print) _____ Date _____

Signature _____

*****PLEASE FILL OUT BOTH SIDES COMPLETELY*****

MEDICAL HISTORY

	YES	NO
Does your child have any allergies to medicine? If yes, explain below		
Does your child have any allergies to food? If yes, explain below		
Does your child have any environmental allergies? If yes, explain below		
Does your child carry an EpiPen? If yes, explain below		
Does your child take medicine regularly? If yes, explain below (dosage, times, etc.)		
Does your child suffer from Asthma?		
Does your child use an inhaler?		
Please give further explanations of "yes" answers above or include additional information we should know.		

My son may be given the following medications, if needed:

	YES	NO		YES	NO
Ibuprofen for pain			Aspirin for pain		
Benadryl			Zyrtec		
Tums			Other (specify)		

Additional Comments/Concerns: _____

I, parent/guardian of _____ give permission for my child's health care provider and my child's school nurse to discuss the following information about my child.

	YES	NO
Childhood Immunizations		
Prescribed Medications		
Medical conditions my child is being treated for		

Signature Parent/Guardian

Date