



St. Hedwig School Disaster Emergency Form 2026-2027

Student Information

GRADE in 2026-2027 _____

Last Name _____ First Name _____ Date of Birth ____/____/____

Address _____ City _____ Phone _____

FATHER'S INFORMATION

MOTHER'S INFORMATION

Name _____

Employer _____

Work Hours _____

Phone Number () _____

Cell/pager () _____

Local Emergency Contact and Pickup

Name _____ Relationship _____ Phone () _____

Address _____ City _____

Name _____ Relationship _____ Phone () _____

Address _____ City _____

Out of State Contact Person

Name _____ Relationship _____ Phone () _____

Address _____ City _____

Child's Medical History

Date of Last Tetanus Shot _____

Physician's Name _____ Phone # () _____

Dentist's Name _____ Phone # () _____

Is child under the care of a physician for any medical problems? _____

If yes, Please Explain _____

Allergies to any Medications: Yes ___ No ___ Name (s) _____

Medications child is currently taking _____

Insurance Provider _____

CONSENT TO TREATMENT OF A MINOR

(I), (We), the undersigned parents of _____, a minor do hereby give consent to any X-Ray examination, anesthetic, medical or surgical diagnosis or treatment as authorized by St. Hedwig School at any accredited hospital in time of any special emergency medical disaster. It is understood that this authorization is given in advance of any specific diagnosis but given to provide authority and power on the part of St. Hedwig School to give specific consent to any diagnosis, treatment, or hospital care which the physician in the exercise of HIS/HER best judgment may deem advisable. This authorization will remain in effect until June 30th, 2027.

PARENT OR LEGAL GUARDIAN _____ DATE _____