

LA SALLE ACADEMY
STUDENT EMERGENCY INFORMATION – 2017/2018

GRADE _____

Student Demographic Information

Student Name: _____	Birth Date: _____
Address: _____ Apt. #: _____	
Home Telephone: _____ Student Email: _____	

Parent/Guardian Contact Information

Parent/Guardian: _____	Parent/Guardian: _____
Day Phone #: _____	Day Phone #: _____
Cell Phone #: _____	Cell Phone #: _____
E-Mail Address: _____	E-Mail Address: _____

In the event of illness or emergency, and the school is unable to contact me, I wish one of the persons below to be notified. They are authorized to act in my absence and they will be informed that their names have been used on this form.

Emergency Contacts

Contact 1 Name: _____	Contact 2 Name: _____
Address: _____	Address: _____
Day Phone #: _____	Day Phone #: _____
Cell Phone #: _____	Cell Phone #: _____
Relationship: _____	Relationship: _____

If unable to contact me in case of an emergency, the school is hereby permitted to call the physician indicated below. If it is impossible to contact the physician, the school may make whatever arrangements seem necessary to offer emergency care and first aid to the student named above.

Physician/Hospital Information

Physician's Name _____	Phone # _____
Address _____	
Hospital Preference (hospitals nearest to the school – Bellevue, Beth Israel, and NYU Langone Medical Center): Please indicate: _____	

Parent/Guardian Signature _____	Relationship _____
Print Name _____	Date _____
Parent/Guardian Signature _____	Relationship _____
Print Name _____	Date _____