

Bishop McVinney School Emergency Information Profile

Student's Name _____ DOB _____

Address _____

Home Phone Number _____ Cellular Number _____

Mother's Name _____ Work Phone _____

Father's Name _____ Work Phone _____

Medical Information

Allergies _____

Medications _____

Special Needs _____

Restrictions _____

In case of emergency or illness and the parent of this child is unavailable, the following relative/friend is to be contacted:

Name _____ Name _____

Phone _____ Phone _____

Relation to child _____ Relation to child _____

All medications will be held in the office. No child will carry any medication; all medication must be clearly labeled and identified. I give my permission for school designee to administer medication.

This information is critical to your child's well being. Please inform the office of any changes or amendments.

**** Please list anyone who is NOT allowed to pick up your child****

Parent Signature _____