



**SAINT JUDE SCHOOL**  
 2204 McDonough Street, Joliet, IL 60436  
 815-729-0288 office/815-729-0344 fax

**STUDENT  
 Emergency  
 Health Form 2022-2023**



**Child's Name** (full legal): \_\_\_\_\_ Birthdate: \_\_\_\_\_ Grade: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ Zip: \_\_\_\_\_

Is this child the oldest or only family member attending St. Jude this year? Yes \_\_\_\_\_ No \_\_\_\_\_  
 \*If No, please give other sibling(s) name(s) & grade(s): \_\_\_\_\_

**Mother's/Guardian's Name:** \_\_\_\_\_ E-Mail: \_\_\_\_\_

Place of Employment: \_\_\_\_\_ Work Phone: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

**Father's/Guardian's Name:** \_\_\_\_\_ E-Mail: \_\_\_\_\_

Place of Employment: \_\_\_\_\_ Work Phone: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

**Name two people to notify if parent cannot be reached and child is ill.** At least one should be given legal permission to sign for medical treatment if needed.

1. Name: \_\_\_\_\_ Relationship: \_\_\_\_\_ Legal Permission Yes No  
 Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

2. Name: \_\_\_\_\_ Relationship: \_\_\_\_\_ Legal Permission Yes No  
 Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

**Health Information:** Please list **ALL** information that would pertain to treating your child in an emergency situation. Please note any pre-existing conditions, allergic reactions, medications, seizures, medical history, etc. **Note to Parents:** Each year this information is treated as **first-time** information. In an event of an emergency, this information will be given to paramedics.

Asthma	
Diabetes	
Eczema	
Epilepsy	
Migraines	
Peanut Allergy	

**Specific Allergies:** \_\_\_\_\_

**Medications taken routinely:** \_\_\_\_\_

PLEASE: **Fill out this section completely**

Family Doctor: \_\_\_\_\_ Phone: \_\_\_\_\_

Dentist: \_\_\_\_\_ Phone: \_\_\_\_\_

Eye Doctor: \_\_\_\_\_ Phone: \_\_\_\_\_

Hospital: \_\_\_\_\_ Phone: \_\_\_\_\_

Insurance: \_\_\_\_\_ Phone: \_\_\_\_\_

**Permission is given to the school authority to:**

- Administer First Aid
- Call an ambulance to take student to St. Joseph Medical Center, if necessary.

**Mother's/Guardian's Signature:** \_\_\_\_\_ **Today's Date:** \_\_\_\_\_

**Father's/Guardian's Signature:** \_\_\_\_\_ **Today's Date:** \_\_\_\_\_

**Pick-Up List:**(Others allowed to pick up child) 1. \_\_\_\_\_ 2. \_\_\_\_\_  
 3. \_\_\_\_\_ 4. \_\_\_\_\_