

**St. Michael PSR Emergency Medical Information & Authorization**

**Student's Last Name** \_\_\_\_\_ **First** \_\_\_\_\_

**GRADE** \_\_\_\_\_

**Address** \_\_\_\_\_

**City** \_\_\_\_\_ **Zip** \_\_\_\_\_

**In the event of an illness or emergency, please list the person(s) that PSR personnel should contact in the order of priority/preference.**

**PLEASE BE SURE THE CONTACT PERSON IS AVAILABLE AT THEIR CONTACT NUMBER AT THE TIME PSR IS IN SESSION.**

**1. Name** \_\_\_\_\_ **Phone#1** \_\_\_\_\_

**Phone#2** \_\_\_\_\_

**2. Name** \_\_\_\_\_ **Phone#1** \_\_\_\_\_

**Phone#2** \_\_\_\_\_

**3. Name** \_\_\_\_\_ **Phone#1** \_\_\_\_\_

**Phone#2** \_\_\_\_\_

**Please list any medical conditions, learning disabilities, behavioral problems, emotional or physical conditions or needs of which we should be aware.**

\_\_\_\_\_  
\_\_\_\_\_

**In a medical emergency, 911 will be called as will the emergency contacts listed above. If there is an option given by the EMS personnel, please list the hospital the child should be taken to as well as the preference of the physician**

**Hospital:** \_\_\_\_\_

**Physician:** \_\_\_\_\_

**Parent or Legal Guardian's Printed Name:** \_\_\_\_\_

**Signature of Parent or Legal Guardian:** \_\_\_\_\_