

Bishop Canevin High School
Student Emergency Contact Form

Student Name _____

Street Address _____

City, State, Zip _____

In the event of an emergency, illness or accident involving the student named above, I am authorizing
the school to contact the following:

Primary Contact Name _____

Primary Contact Phone #(s) _____

Secondary Contact Name _____

Secondary Contact Phone #(s) _____

Contact both parties listed above or secondary only if primary cannot be reached.

Select one: Both _____ Primary then Secondary if needed _____

I give permission for my child to be taken to the hospital in case of an emergency and consent to
emergency treatment until the time of my arrival at the hospital. I understand that every effort will be
made to contact me in the event that such an emergency takes place.

Hospital Preference if the event requires emergency transport

Name _____

Address _____

Signature _____

Date _____