



3521 Southwest Patton Road • Portland, Oregon 97221-4124
Phone 503.222.6105 • Fax 503.227.5661 • E-mail stmschool@stmpdx.org

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Student Emergency Information Form For Field Trips

Child's Name: _____ Sex: M F Date of Birth: _____

Address: _____ City: _____ State: _____ Zip: _____

Allergies (food, drugs, insects, etc.): _____

Medications (name, dosage, reason): _____

Other Information (injuries, special needs, etc.): _____

Insurance carrier: _____ Group or ID#: _____

I authorize the Archdiocese of Portland and its representatives to use their judgment in determining emergency care procedures for my child. I also understand and agree that the Archdiocese and St. Thomas More Catholic School assumes no financial obligation for expenses incurred in carrying out emergency procedures and/or transportation.

Person(s) to notify in case of an emergency:

Mother Daytime Phone #: _____ Other Phone #: _____

Father Daytime Phone #: _____ Other Phone #: _____

Other Name _____ Phone #: _____

Family Physician: _____ Phone #: _____

Parent/Guardian Signature

Date
