

THE GROSSE POINTE ACADEMY FAMILY EMERGENCY CARD - GRADES 1-8

Family Last Name:	_____		
Address :	_____	City: _____	State: _____ Zip: _____
Children's Names:	(1) _____	(2) _____	(3) _____ (4) _____
Date of Birth:	(1) _____	(2) _____	(3) _____ (4) _____
Allergies:	(1) _____	(2) _____	(3) _____ (4) _____

Father's Name: _____	Mother's Name: _____
Home Phone: _____	Home Phone: _____
Employer: _____	Employer: _____
Business Phone: _____	Business Phone: _____
Cell Phone: _____	Cell Phone: _____

Name of person to be notified in an emergency when parent is not available.	
1. _____	Phone: _____
2. _____	Phone: _____

Physician's Name: _____	Phone: _____
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EMERGENCY TREATMENT AUTHORIZATION: I state that the above information is true and complete. If anything changes, I will notify the Academy. In the event of an emergency, if neither parent nor the family physician can be contacted or if there is not time to make such contact, the following signature authorizes such emergency medical and surgical treatment as may be deemed necessary.	
PARENT'S SIGNATURE: _____	DATE: _____