# PSR Emergency Information Card

Student Name: _____
Last First

*Two nearby relatives or neighbors who will assume temporary care of your child if you cannot be reached:*

Name:_____ Phone:_____
Home Cell Work

Address:_____
Street City State Zip

Name:_____ Phone:_____
Home Cell Work

Address:_____
Street City State Zip

**Health Information** which PSR should know about student, including any medication information and wishes for handling any physical/medical emergency:

_____

_____

_____

_____

*In case of accident or serious illness, I request the PSR to contact me. If the school is unable to reach me, I hereby authorize the PSR to call the physician indicated below and to follow his/her instructions. If it is impossible to contact this physician, the PSR may follow my instructions above or make whatever arrangements seem necessary.*

Local Physician:_____ _____
Name Phone: Office Emergency

Emergency Center/Hospital_____ Phone_____

Address:_____

Questions: contact Deacon Fred Tustanowsky 314-993-2280, deaconfred@olpillar.com