

Last Name of Parent: _____

MEDICAL EMERGENCY FORM for RELIGIOUS SCHOOL 2018-2019

CHILD 1: _____ DATE OF BIRTH _____

- Food or Drug allergies? _____ Explain _____
- Special medical conditions? _____
- List medication your child takes on a regular basis _____

CHILD 2: _____ DATE OF BIRTH _____

- Food or Drug allergies? _____ Explain _____
- Special medical conditions? _____
- List medication your child takes on a regular basis _____

CHILD 3: _____ DATE OF BIRTH _____

- Food or Drug allergies? _____ Explain _____
- Special medical conditions? _____
- List medication your child takes on a regular basis _____

Parent 1 _____ Parent 2 _____

Cell Phone 1 _____ Cell Phone 2 _____

Home Phone _____ Work _____

Street Address _____

City / Zip _____

- Emergency Contact if parents cannot be reached. (911 will be called if life threatening.)

Name _____ Phone _____ Cell _____

Doctor: _____ Phone _____ Pref Hospital _____

- Any other relevant information: _____

Realizing that sudden illness or an accident may happen to a student, I hereby ask the school authorities to use their best judgment in such cases in caring for my child. It is understood that an earnest effort will be made to contact the parents, guardian, doctor and if necessary, the hospital named on this form. Ambulance service may also be provided. I further understand that the school is not responsible for any expense incurred.

Signature of Parent or Guardian _____ Date _____