Blessed Sacrament School

Emergency Information 2023-2024

STUDENT'S NAME (LAST, FIRST, MIDDLE) ______________________ ☐ MALE ☐ FEMALE

GRADE/ SECTION/ HOMEROOM TEACHER ______________________ DOB (mm/dd/yyyy) __________

HOME ADDRESS ______________________

CITY, STATE, ZIP ______________________

HOME PHONE __________ CUSTODY CONCERNS ☐ YES ☐ NO IF YES, CONTACT THE SCHOOL

MALE HEAD OF THE HOUSEHOLD ______________________ ☐ FATHER ☐ GUARDIAN ☐ OTHER

CELL PHONE __________ BUSINESS PHONE __________

EMAIL __________

FEMALE HEAD OF THE HOUSEHOLD ______________________ ☐ MOTHER ☐ GUARDIAN ☐ OTHER

CELL PHONE __________ BUSINESS PHONE __________

EMAIL __________

IF PARENT CANNOT BE REACHED, PERSON TO BE CONTACTED IN CASE OF EMERGENCY:

1. NAME ______________________ PHONE NUMBER __________
2. NAME ______________________ PHONE NUMBER __________
3. NAME ______________________ PHONE NUMBER __________

PERSON RESPONSIBLE FOR CHILD AFTER SCHOOL:

NAME ______________________ PHONE NUMBER __________

ADDRESS ______________________

FAMILY PHYSICIAN'S NAME ______________________ PHONE NUMBER __________

FAMILY DENTIST'S NAME ______________________ PHONE NUMBER __________

HOSPITAL PREFERENCE ______________________

DOES STUDENT HAVE A HEALTH CONDITION REQUIRING POSSIBLE EMERGENCY CARE? ☐ YES ☐ NO

IF YES, SPECIFY ______________________

IS STUDENT ON MEDICATION ON A CONTINUING BASIS? ☐ YES ☐ NO

IF YES, PLEASE LIST MEDICATION(S): ______________________

DOES STUDENT HAVE ALLERGIES? ☐ YES ☐ NO

IF YES, PLEASE LIST ALLERGIES: ______________________

I DO HEREBY AUTHORIZE BLESSED SACRAMENT SCHOOL TO OBTAIN EMERGENCY MEDICAL TREATMENT FOR THE HEALTH OF MY CHILD, ______________________ . I WILL NOT HOLD BLESSED SACRAMENT RESPONSIBLE FOR THE EMERGENCY CARE AND/OR EMERGENCY TRANSPORTATION FOR THE SAID STUDENT.

PARENT (GUARDIAN) NAME ______________________ DATE __________

SIGNATURE ______________________

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