

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 _____