

A SEPARATE FORM MUST BE COMPLETED FOR EACH CHILD
EMERGENCY INFORMATION

CHILD'S FULL LEGAL NAME: (please print clearly)

_____ Boy ___ Girl ___ Grade in
08/09 _____
Last First Middle

HOME PHONE: _____ CHILD'S BIRTHDATE: _____

FATHER'S WORK PHONE: _____ CELL PHONE/PAGER: _____

MOTHER'S WORK PHONE: _____ CELL PHONE/PAGER: _____

HOME ADDRESS: _____

EMAIL/MOTHER: _____

EMAIL/FATHER: _____

CHILD LIVES WITH (PARENT/GUARDIAN): _____

IF PARENTS DIVORCED/SEPARATED, TO WHOM HAS PHYSICAL CUSTODY BEEN GRANTED?

ARE LEGAL DOCUMENTS ON FILE IN OFFICE? YES _____ NO _____

FATHER'S NAME: _____ NATURAL ___ STEP ___
GUARDIAN ___

EMPLOYER: _____

MOTHER'S NAME: _____ NATURAL ___ STEP ___
GUARDIAN ___

EMPLOYER: _____

THE FOLLOWING PEOPLE HAVE MY PERMISSION TO PICK UP MY CHILD FROM SCHOOL AND/OR

EDP:

NAME: _____ PHONE: _____

RELATIONSHIP: _____

NAME: _____ PHONE: _____

RELATIONSHIP: _____

The mission of Holy Rosary School is to live, love, and learn with Jesus Christ as our model.

NAME: _____ PHONE: _____

RELATIONSHIP: _____

NAME: _____ PHONE: _____

RELATIONSHIP: _____

My child has my permission to leave campus unaccompanied after school dismissal.

Parent signature _____

My child DOES NOT have my permission to leave campus unaccompanied after school dismissal.

Parent signature _____

~~PLEASE COMPLETE & SIGN REVERSE SIDE OF FORM~~

MEDICAL INFORMATION

PHYSICIAN'S NAME: _____ PHONE: _____

ADDRESS: _____

HOSPITAL PREFERENCE: _____

MEDICAL COVERAGE: _____ ID NUMBER: _____

Parent/Guardian, Please Check One:

_____ In the event of an emergency, when a parent or guardian is unavailable, I authorize school personnel to make arrangements for my child to receive medical/hospital care, including necessary transportation, in accordance with their best judgement. I authorize the physician named to undertake such care and treatment as is considered necessary. In the event the physician is unavailable, I authorize such care treatment to be performed by a licensed physician or surgeon. I agree to pay all costs incurred as a result of the foregoing.

_____ I do not choose the above statement and desire the following action in the event of an emergency:

PARENT/GUARDIAN SIGNATURE: _____ DATE: _____

PLEASE CHECK THE FOLLOWING ITEMS IF THEY PERTAIN TO YOUR CHILD

_____ CHECK HERE IF THERE ARE **NO** KNOWN HEALTH PROBLEMS

EYES: _____ WEAR GLASSES _____ TO BE WORN AT ALL TIMES
_____ REQUIRES PREFERENTIAL SEATING

EARS: _____ HAS HEARING PROBLEM _____ REQUIRES PREFERENTIAL SEATING

GENERAL HEALTH:

1. Has the following condition(s) that the school should be aware of:

_____ Asthma _____ Epilepsy _____ Diabetes _____ Heart Condition
_____ Migraines _____ Other - Please Explain: _____

2. Has an allergic reaction to: _____

1. Are any of the above life- threatening? _____ Yes _____ No

Please Explain: _____

3. Has a physical condition which limits participation in:

_____ Classroom Activities _____ Physical Education

Please Explain: _____

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