



HOLY FAMILY CATHOLIC SCHOOL

“Shaping lives and creating a bright future together in faith, knowledge and love.”

EMERGENCY MEDICAL AUTHORIZATION

Student's Last Name

Student's First Name

In the event of illness or injury to my child, which in the judgment of the after school care staff requires emergency treatment, my permission is granted to call the following doctors in order named, after attempts made to contact me by telephone have been unsuccessful:

Doctor

Doctor

Address

Address

Telephone #

Telephone #

The hospital emergency room of my choice is: _____

Insurance carrier: _____ Policy #: _____

My child is allergic to the following:

Medications

Foods

Other

Other

Note: The staff will not administer any prescription or non-prescription drugs for any reason. Please notify the staff if your child is ill.

Parent/Guardian Signature

Date

Father's Name

Work telephone #

Cell Phone #

Beeper #

Mother's Name

Work telephone #

Cell Phone #

Beeper #

Home Telephone #

Please give the names of two contacts in case of emergency or illness if parent is not available.

Name

Telephone #

Name

Telephone #

Address

Relationship to child

Address

Relationship to child

Please list any important information for us to know on the back of this form. Thanks for your cooperation.

Holy Family ~ A Blue Ribbon School since 2006

