

EMERGENCY FORM

Family Name: _____

Mother's Telephone# _____ Mother's Cell# _____

Father's Telephone# _____ Father's Cell# _____

SJS Children's Name(s) & Date of Birth:

- 1. _____ 2. _____ 3. _____
- 4. _____ 5. _____ 6. _____

Father's Name: _____ Employed By: _____ Work# _____

Mother's Name: _____ Employed By: _____ Work# _____

Name & telephone of babysitter or person to contact in case of emergency and you can not be reached:

- 1. Name: _____ Telephone: _____
- 2. Name: _____ Telephone: _____

I authorize ONLY the following persons to pick up my child/children from school:

- 1. Name: _____ Telephone: _____
- 2. Name: _____ Telephone: _____
- 3. Name: _____ Telephone: _____
- 4. Name: _____ Telephone: _____

I understand that the school does not assume responsibility for payment of a Physician in any case. My choices of local Physicians (if possible) are as follows:

- 1. Dr. _____ Telephone: _____
- 2. Dr. _____ Telephone: _____

In the event of injury or illness and your family physician is not available or is not located in the immediate vicinity and we are unable to contact one or the other parents, do you give St. Joseph's School personnel or supervisor of the activity permission to seek medical attention from the nearest licensed physician and/or hospital? YES NO

Do you give St. Joseph's School personnel or supervisor of the activity permission to have your child/children transported by ambulance to the nearest medical facility? YES NO

If your answer is "NO", please specify the procedure you want the supervising person to follow:

Please list any ALLERGIES or ANY SPECIFIC INSTRUCTIONS necessary for treatment:

Signature of Parent/Guardian: _____ Date Signed: _____