DIOCESE OF ARLINGTON PERMISSION FOR EMERGENCY CARE

To be completed by parent/guardian at beginning of school year

Student's Name _____ Grade_____ Room #_____
(Nickname)

Address _____
(Street Address) (City) (State) (Zip)

Home Phone _____ Home Email Address _____

Student's Date of Birth _____ ☐ Male ☐ Female

Father's/Male Guardian's Name _____ Work Phone _____

Father's/Male Guardian's Email Address _____ Cell/Pager _____

Father's/Male Guardian's Address (if different) _____
(Street Address) (City) (State) (Zip)

Father's/Male Guardian's Employer & Street Address _____
(Name) (Street Address) (City) (State) (Zip)

Mother's/Female Guardian's Name _____ Work Phone _____

Mother's/Female Guardian's Email Address _____ Cell/Pager _____

Mother's/Female Guardian's Address (if different) _____
(Street Address) (City) (State) (Zip)

Mother's/Female Guardian's Employer & Street Address _____
(Name) (Street Address) (City) (State) (Zip)

Name(s) of Person(s) or Agency having legal custody* _____

Street Address _____
(Street) (City) (State) (Zip)

Persons NOT Authorized to pick up child from school* _____

Name _____ Relationship _____

Student's Doctor _____ Phone #_____

Outstanding Medical History
(e.g. diabetes, heart disease, contact lenses, hearing aid, etc.) _____

Student's Allergies (if any) _____ Action to Take:_____

Medications Student is taking _____ Date of Last Tetanus Shot_____

Insurance Company _____ Policy #:_____

Emergency Contacts: In the event a parent cannot be reached, you must give the name, address and phone number of two persons who could pick up and take your student home in a timely manner.

1) _____
(Name) (Street Address) (City) (State) (Zip) (Relationship) (Phone)

2) _____
(Name) (Street Address) (City) (State) (Zip) (Relationship) (Phone)

I agree to notify the school within 24 hours if my child or any member of my immediate household has developed a communicable disease. I agree to notify the school immediately if the disease is life threatening. I agree to pick up my sick or injured child in a timely manner when contacted. If I cannot be reached, the above emergency contacts can be called to pick up my child. Additionally, if I cannot be contacted in an emergency, the school has my permission to take my child to the emergency room of the nearest hospital and I hereby authorize its medical staff to provide treatment, when a physician deems necessary for the well-being of my child.

_____
Signature of Parent/Guardian Date

*Appropriate custody paperwork must be attached.

revised 2011