NATIVITY of MARY SCHOOL

Emergency Form

Family Name

Mother/Guardian Cell

Father/Guardian Cell

STUDENTS

1 NAME | DATE OF BIRTH | GRADE

2 NAME | DATE OF BIRTH | GRADE

3 NAME | DATE OF BIRTH | GRADE

4 NAME | DATE OF BIRTH | GRADE

PEOPLE AUTHORIZED TO PICK UP YOUR CHILDREN

(Other than parents/guardians)

1 NAME | RELATIONSHIP TO CHILD(REN)

CELL PHONE | WORK PHONE | HOME PHONE

2 NAME | RELATIONSHIP TO CHILD(REN)

CELL PHONE | WORK PHONE | HOME PHONE

3 NAME | RELATIONSHIP TO CHILD(REN)

CELL PHONE | WORK PHONE | HOME PHONE

HEALTH INSURANCE INFORMATION

Insurance Provider _____

Primary Insurance Carrier _____

Policy/Group # _____

EMERGENCY MEDICAL AUTHORIZATION

In the event a reasonable attempt has been made to contact you but we have been unsuccessful, we will need your permission to transport your child to any reasonably accessible hospital facility and/or to allow administration of emergency medical treatment by any licensed physician or dentist.

☐ I give my consent

☐ I do not consent and wish you to _____

_____

_____

PRINT PARENT/GUARDIAN NAME _____

PARENT/GUARDIAN SIGNATURE _____

DATE _____