

DIOCESE OF ARLINGTON PERMISSION FOR EMERGENCY CARE

To be completed by parent/guardian at beginning of school year. (Type information and print out.)

Student's Name _____ Grade _____ Room # _____
Nickname _____

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

Home Phone _____ Home Email Address _____

Student's Date of Birth _____ Male Female

Father's Name _____ Work Phone _____

Father's Email Address _____ Cell/Pager _____

Father's Address (if different) _____

Father's Workplace & Address _____

Mother's Name _____ Work Phone _____

Mother's Email Address _____ Cell/Pager _____

Mother's Address (if different) _____

Mother's Workplace & Address _____

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

Address _____

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 _____ Address _____ Relationship _____ Phone _____

2) _____
Name _____ Address _____ 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.