ROMAN CATHOLIC HIGH SCHOOL 301 N. Broad Street Philadelphia, PA 19107-1094 215-627-1270 Fax: 215-627-4979

PARENT PERMISSION, MEDICALRECORD AND EMERGENCY INFORMATION FORM.

We expect you to realize the school is not responsible for any u unforeseen problems and is not liable in any accident. We will have what we expect to be adequate supervision.

In the event of an emergency this will supply us with the necessa1y information to assist you r child and contact you. Please provide the information requested concerning medication. If there is any other pertinent information concerning your child's medical situation, please feel free to attach a brief description.

Realize that your son is to conduct himself in accordance with school policy or he will be subject to disciplinary action as stated in the Student Handbook.

I give permission for (please print the student's name): ____________________________ ID# ________________

Student Homeroom Section ________________ Student Lunch Period ________________________

To participate in the following field trip to: St. Charles Borromeo on (date): Thursday 04/04/2019

at (location): 100 E. Wynnewood Rd. Wynnewood, PA 19096 method of transportation: Bus

Any other specific information (dress code, departure time, arr1val time, etc.): Wear school uniform. Students will board buses after homeroom . Students will return to Roman around 2:00pm and be dismissed. Return this permission form by Wednesday 4/03/18.

Emergency Contact (parents or Guardian): ______________________________ Phone: ____________________

Secondary Contact: ____ Phone: ____________________

Doctor's Name: ____ Phone ____________________

Insurance Information:

Company ________________________________ Plan/Group ID Number __________________

Date of last check up: _____________________________ Date of last tetanus booster: ____________________

Check the following items that your child is allergic to:

Penicillin ________________ Aspirin ____________ Tetanus __________ Food allergies _______________

Other ____

Is your child on any regular medication? No ____________________ Yes, what medication? _____________

What is it for?

If your child requires daily medication, please label to identify dosage and what it is for. The school and/or the teachers will not be responsible for dispensing any medication.

Circle the following illness your child has had;

Asthma_____ Fainting spell______ Hearth disease_____ Blood disorder __________________________

Other ____

In the event of a serious emergency and /or the need for hospitalization and you cannot be reached does the doctor have your permission to immediately do whatever emergency treatment is necessary? Yes No

Parent (Guardian) Signature ____ Date: _______________

Student Signature: ____ Date: _______________