



# ROSARY ACADEMY

## EMERGENCY HEALTH FORM

Student's Name: \_\_\_\_\_ Grade: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone-Home: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Father's Name: \_\_\_\_\_

Father's Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Father Cell #: \_\_\_\_\_ Father Work #: \_\_\_\_\_

Mother's Name: \_\_\_\_\_

Mother's Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Mother's Cell #: \_\_\_\_\_ Mother's Work #: \_\_\_\_\_

Allergies to any drugs or foods: \_\_\_\_\_

Does student wear contact lenses? Yes  No

Special medications or medical conditions: \_\_\_\_\_

Name of physician: \_\_\_\_\_ Phone #: \_\_\_\_\_

Insurance company: \_\_\_\_\_ Policy #: \_\_\_\_\_

### IN CASE OF AN EMERGENCY AND PARENTS CANNOT BE REACHED, THE SCHOOL MAY CALL:

Name: \_\_\_\_\_ Relation (Non-Parent) \_\_\_\_\_ Phone: \_\_\_\_\_

Name: \_\_\_\_\_ Relation (Non-Parent) \_\_\_\_\_ Phone: \_\_\_\_\_

Name: \_\_\_\_\_ Relation (Non-Parent) \_\_\_\_\_ Phone: \_\_\_\_\_

What mode of transportation does your daughter use to get to school?

Bus \_\_\_\_\_ Carpool \_\_\_\_\_ Walk \_\_\_\_\_ Bike \_\_\_\_\_ Drives Self \_\_\_\_\_ Parent Drives \_\_\_\_\_ Train \_\_\_\_\_

In case of illness is it ok for student to drive herself home if needed? Yes  No

*(Please be aware that we will still notify a parent or guardian for a verbal release)*

In case of a disaster such as an earthquake, do school officials have your permission to administer over-the-counter medication if your child needs it? Yes  No

If the above student needs emergency treatment, she will be transported to the nearest medical facility by school personnel, athletic trainers, or paramedics. Consent is hereby granted for such emergency treatment as may be considered necessary in the opinion of the attending physician. The school does not assume responsibility for payment of any physician, hospital, medical, paramedic, ambulance, or dental fees of any kind.

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_