ROSARY ACADEMY

EMERGENCY HEALTH FORM

Student's Name:_____ Grade:_____

Address:_____ City:_____ Zip: ____

Home Phone:_____ Date of Birth: _____

Parent 1 Name:_____ Parent 1 Relationship:_____

Parent 1 Address: _____

City:_____ State:_____ Zip: _____

Parent 1 Cell #:_____ Parent 1 Work #: _____

Parent 2 Name:_____ Parent 2 Relationship:_____

Parent 2 Address: _____

City:_____ State:_____ Zip: _____

Parent 2 Cell #:_____ Parent 2 Work #: _____

Allergies to any drugs or foods: _____

Does student wear contact lenses? Yes ☐ No☐ Does student wear eyeglasses? Yes ☐ No☐

Daily medications: _____

_____

_____

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:_____

The above emergency contacts have permission to pick up your daughter from campus? Yes ☐ No ☐

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: _____