



OAKLAND CATHOLIC HIGH SCHOOL

MEDICAL EMERGENCY FORM 2026-2027

Please **print** carefully the entire form and provide the current email address that are checked regularly and return to school by September 1 to nurse or School Office

NAME OF STUDENT: Last _____ First _____

DOB: _____ Grade: _____

Please include Area Code before each phone number:

Father's Name _____ Home Phone _____ Cell Phone _____

Father's Email Address _____ Work Phone _____

Mother's Name _____ Home Phone _____ Cell Phone _____

Mother's Email Address _____ Work Phone _____

Guardian Name _____ Home Phone _____ Cell Phone _____

Guardian Email Address _____ Work Phone _____

IN CASE OF AN EMERGENCY, WHO WOULD THE 1ST PERSON TO CONTACT?

Name: _____ Emergency Phone Number _____

Relationship to Student _____

If neither parent/guardian can be contacted, please list one relative or friend who would have the authority to advise us regarding your daughter.

Name _____ Relationship to Student _____

Home Phone _____ Cell Phone _____

Name and Phone Number of your daughter's Pediatrician _____

Hospital or Emergency Room Preference _____

Circle any health condition(s) that your daughter may have: ASTHMA DIABETES EPILEPSY ALLERGIES

Other conditions: _____

Food/Drug Allergies: _____

Are the allergies life-threatening requiring an Epi-Pen at school? YES NO

Please list ALL medications your daughter is currently taking: _____

During the past year, has your daughter had any serious illness, injury, operation, or hospitalization? YES NO

If yes, indicate here _____

Does your daughter have any medical/mobility concerns of which we should be aware? YES NO

If yes, indicate here _____

In addition to first aid, my daughter may be treated at the normal dosage as needed in the judgment of the School Nurse:

TYLENOL Yes / No ANTACID Yes / No BENADRYL Yes / No IBUPROFEN Yes / No

(Acetaminophen) (Stomachache) (Allergy Medication) (Advil/Motrin)

By my signature below, I give my consent to the School Nurse to administer medications indicated by "Yes" responses above.

Parent/Guardian Signature

Date

Please print your name on the line above