

## Our Lady Star Of The Sea School 2016-17 EMERGENCY CONTACTS & MEDICAL INFO FORM

Child's name (Last, first, middle)		Dat	e of birth	Grade	
Child's name (Last, first, middle)		Dat	e of birth	Grade	
Child's name (Last, first, middle)		Dat	e of birth	Grade	
Mailing address			Home phone number		
Primary email address for School Messe	enger notices	Transportation to & from school:	A.M.:carbu P.M:carbu	swalk swalkAftercare	
Additional email address for School Mes	senger notices				
Mother's name	Mother's home number		Mother's cell number		
Mother's occupation	Mother's employer		Mother's work number		
Father's name	Father's home number		Father's cell number		
Father's occupation	Father's employer		Father's work number		
Name of local emergency contact #1	Relationship of contact		Contact's phone number		
Name of local emergency contact #2	Relationship of contact		Contact's phone number		
Physician's name	Physician's phone		Preferred hospital		
Please list any medical conditions, all	lergies, and medic	cations your child	l has:		
Child's name	Medical Condition(s)		Me	Medications	
Child's name	Medical Condition(s)		Medications		
Parent's Signature		 Date			

In EMERGENCIES requiring immediate medical attention, your child will be taken to the NEAREST HOSPITAL EMERGENCY ROOM. Your signature authorizes the responsible person at the child care facility to have your child transported to the hospital.