

## Our Lady Star Of The Sea School 2018-19 EMERGENCY CONTACTS & MEDICAL INFO FORM

Child's name (Last, first, middle)			te of birth	 Grade	
			ne or birtir	Grade	
Child's name (Last, first, middle)			te of birth	Grade	
Child's name (Last, first, middle)			te of birth	Grade	
Mailing address			Home phone number		
rimary email address for School Messenger notices to &		Transportation to & from school:	from P.M. car bus walk Aftercare		
Additional email address for School Mes	senger notices				
Mother's name	Mother's home number		Mother's cell	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 pho	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 medi	cations your chil	d has:		
Child's name	Medical Condition(s)		Me	Medications	
Child's name	Medical Condition(s)		Me	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.