



Our Lady Star of The Sea School EMERGENCY CONTACTS & MEDICAL INFO FORM

Child's name (Last, first, middle) Date of birth Grade

Child's name (Last, first, middle) Date of birth Grade

Child's name (Last, first, middle) Date of birth Grade

Mailing address Home phone number

Primary email address for email notifications Transportation to & from school: A.M.: __car __bus __walk
P.M.: __car __bus __walk __Aftercare

Additional email address for email notifications

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, allergies, and medications your child has:

Child's name Medical Condition(s) 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.