

FAMILY EMERGENCY FORM

Family Name: _____

FATHER	MOTHER
Name:	Name:
Address:	Address:
Home Phone:	Home Phone:
Language(s) Spoken:	Language(s) Spoken:
Ethnic Background:	Ethnic Background:
Employed by:	Employed by:
Bus. Address:	Bus. Address:
Bus. Phone:	Bus. Phone:
Other Work Locations, numbers, info.:	Other Work Locations, numbers, info.:

Student Name: _____

Grade: _____

Allergies: ___ Yes ___ No Type: _____

On Medication: ___ Yes ___ No

Student Name: _____

Grade: _____

Allergies: ___ Yes ___ No Type: _____

On Medication: ___ Yes ___ No

Student Name: _____

Grade: _____

Allergies: ___ Yes ___ No Type: _____

On Medication: ___ Yes ___ No

No aspirin will be administered to students

In case of a student's illness, if the parents cannot be contacted, please provide the name of a friend, relative and doctor who may be contacted.

Friend or Relative

Address

Phone

Doctor

Address

Phone

If none of the above can be contacted, what would you like the school to do if the child is sick or injured? _____

EMERGENCY RELEASE

I authorize Christ the King School or its authorities, to arrange transportation in case of any accident or acute illness, and to arrange for possible emergency medical and surgical care and emergency administration of drugs at _____ Hospital or any emergency center, in case I am not immediately available.

Although the above parental recommendations will be respected as far as possible, understand that in the final disposition of an emergency case, the school authorities' judgement will prevail. Anytime the above information must be changed, I will notify the Principal in writing.

Signature of Parent or Guardian