

\_\_\_\_\_  
PRINT FAMILY NAME

Queen of Angels School  
2010-2011  
**EMERGENCY INFORMATION**  
(PRE-SCHOOL – GRADE 8)

Please print names clearly

Name \_\_\_\_\_ Grade \_\_\_\_\_ Name \_\_\_\_\_ Grade \_\_\_\_\_

Name \_\_\_\_\_ Grade \_\_\_\_\_ Name \_\_\_\_\_ Grade \_\_\_\_\_

Name \_\_\_\_\_ Grade \_\_\_\_\_ Name \_\_\_\_\_ Grade \_\_\_\_\_

**EMERGENCY MEDICAL TREATMENT:**

In case of an accident the school will call 911 immediately if deemed necessary. In case of injury or illness, the school will first contact the parent.

*In the event of an emergency, I hereby give permission to transport my child / children to a hospital for emergency medical or surgical treatment. I wish to be advised prior to any further treatment by the hospital or doctor*

Please print clearly the following information:

Name of family physician \_\_\_\_\_ Physician telephone \_\_\_\_\_

Family Healthy Plan Carrier: \_\_\_\_\_ Policy # \_\_\_\_\_

*In the event of an emergency and you are unable to reach me at the above numbers contact the people on the below list.*

**Please list the people the school should call if the parents cannot be contacted.**

Please print clearly the following information:

Name \_\_\_\_\_ Telephone \_\_\_\_\_ Relationship to student \_\_\_\_\_

Name \_\_\_\_\_ Telephone \_\_\_\_\_ Relationship to student \_\_\_\_\_

Name \_\_\_\_\_ Telephone \_\_\_\_\_ Relationship to student \_\_\_\_\_

**Specific Medical Information:** The school will take reasonable care to see that the following information will be held in confidence:

Allergic reactions (medications, foods, plants, insects, etc.): \_\_\_\_\_

Immunizations – Date of last tetanus / diphtheria immunization: \_\_\_\_\_

Does child have a medically prescribed diet? \_\_\_\_\_

Any physical limitations?  
\_\_\_\_\_

Please be aware of these special medical conditions of my child:  
\_\_\_\_\_

\_\_\_\_\_  
Parent Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Please Print Name

A COPY OF THIS FORM IS TO ACCOMPANY THE DRIVER OF ANY FIELD TRIP