ST. ROSE'S EMERGENCY FORM

Last Name of Child First Name Date of Birth

Telephone Address e-mail address

Mother's name, business phone, cell phone number where she can be reached during school hours.

Father's name, business phone, cell phone number where he can be reached during school hours.

In the event of serious illness or accident when I cannot be reached, I wish one of the following people to be notified by telephone. They are authorized to act in my absence, and will be informed that their names have been used on this FORM. Please list someone locally who can be reached quickly.

1. Name _____ Phone # _____ Cell # _____

2. Name _____ Phone # _____ Cell # _____

In case of injury or illness, when I cannot be contacted, I authorize St. Rose's school to contact my family Doctor or Dentist.

YOUR SIGNATURE PRINTED NAME

Family Doctor Phone #

Family Dentist Phone #

LIST ALLERGIES AND/OR SPECIAL NEEDS (Continue on reverse if more room is needed):

Procedures to follow if reaction should occur:

MEDICATIONS: (See school handbook under Medications).

SEE BACK FOR SIGNATURE(S).