



ROSARY ACADEMY

EMERGENCY HEALTH FORM

Student's Name: _____ Grade: _____

Address: _____ City: _____ Zip: _____

Home Phone: _____ Date of Birth: _____

Parent 1 Name: _____ Parent 1 Relationship: _____

Parent 1 Address: _____

City: _____ State: _____ Zip: _____

Parent 1 Cell #: _____ Parent 1 Work #: _____

Parent 2 Name: _____ Parent 2 Relationship: _____

Parent 2 Address: _____

City: _____ State: _____ Zip: _____

Parent 2 Cell #: _____ Parent 2 Work #: _____

Allergies to any drugs or foods: _____

Does student wear contact lenses? Yes No Does student wear eyeglasses? Yes No

Daily medications: _____

Medical conditions: _____

Name of physician: _____ Phone #: _____

Insurance company: _____ Policy #: _____

IN CASE OF AN EMERGENCY AND PARENTS CANNOT BE REACHED, THE SCHOOL MAY CALL:

Name: _____ Relation (Non-Parent) _____ Phone: _____

Name: _____ Relation (Non-Parent) _____ Phone: _____

Name: _____ Relation (Non-Parent) _____ Phone: _____

What mode of transportation does your daughter use to get to school?

Bus _____ Carpool _____ Walk _____ Bike _____ Drives Self _____ Parent Drives _____ Train _____

In case of illness is it ok for student to drive herself home if needed? Yes No

(Please be aware that we will still notify a parent or guardian for a verbal release)

In case of a disaster such as an earthquake, do school officials have your permission to administer over-the-counter medication if your child needs it? Yes No

If the above student needs emergency treatment, she will be transported to the nearest medical facility by school personnel, athletic trainers, or paramedics. Consent is hereby granted for such emergency treatment as may be considered necessary in the opinion of the attending physician. The school does not assume responsibility for payment of any physician, hospital, medical, paramedic, ambulance, or dental fees of any kind.

Parent/Guardian Signature: _____ Date: _____