

School Year 2022 - 2023
EMERGENCY MEDICAL RECORD for PRINCE OF PEACE SCHOOL

For each child enrolled in Prince of Peace School, complete a separate "Emergency Medical Record" form so that the school may act more effectively in the event of illness or injury to the child. Your signature below authorizes the school to call the physician indicated below and to follow his/her instructions if you cannot be reached.

Student Name _____ Sex: _____ Grade: _____
(Last) (First)

Mailing Address _____
(Number & Street) (City) (State) (Zip)

Home Phone: _____ Student's Date of Birth: _____

Mother: _____ Cell Phone _____
(First Name) (Maiden Name) (Last Name)
 e-mail _____

Place of Employment: _____ Work Phone _____

Father: _____ Cell Phone _____
(First Name) (Last Name)
 e-mail _____

Place of Employment: _____ Work Phone _____

Alternates to be called if parents cannot be reached:

<u>Name</u>	<u>Relationship to Student</u>	<u>Address</u>	<u>Phone # - Home, Work, & Cell</u>
1. _____	_____	_____	_____
2. _____	_____	_____	_____
3. _____	_____	_____	_____
4. _____	_____	_____	_____

Family Physician: _____ Phone _____

Does the child have any **medical problems** or **allergies** of which the school should be aware?
 List/Explain:

Treatment: _____

Do we have your permission to send your child to a hospital should that be necessary? _____

In what public school district do you live? _____
 If not enrolled at Prince of Peace, what public school would your child be attending? _____

Parent Signature: _____