

SKD EMERGENCY CARE FORM

2018-2019

Child's Name: _____ Birth Date: _____

Child's Address: _____

Parents' Name: _____ Home Phone: _____

Cell Phone: _____ Pager: _____

Mother's Work Address: _____ Work Phone: _____

Father's Work Address: _____ Work Phone: _____

If Parent cannot be reached, call: _____ Phone: _____

Other Adults Authorized to pick up child: _____ Phone: _____

MEDICAL DATA:

Family Doctor: _____ Phone: _____

Allergies: Food: _____ Other Allergies: _____

Any Medication Allergies: _____

Any Medications taken on a regular basis: _____

Any special physical or medical problems: _____

INSURANCE DATA:

Name of Family Medical Insurance: _____

Policy Holder: _____ Policy # _____

EMERGENCY AUTHORIZATON:

In the event I cannot be reached in an emergency, I hereby give permission to the teaching staff of St. Katharine's to take appropriate action to secure the safety and well-being of my child.

In case of accident or serious illness, I request the teaching staff of St. Katharine's Religious Education Program to contact me. If I cannot be reached, I hereby authorize St. Katharine's to contact a physician, and further authorize St. Katharine's to transport my child to the physician or hospital in case of an emergency. I understand I will assume the responsibility for any medical bills. _____

Signature of Parent or Guardian

Signature of Parent or Guardian: I authorize my child to be dismissed from class without Parental sign out (not recommended for children under 12) _____

Signature of Parent or Guardian