

# Madonna Catholic Regional School Emergency Card 2021-2022

(Please print)

Student's Name \_\_\_\_\_ Date of Birth \_\_\_\_\_ Grade \_\_\_\_\_

With whom does the child reside? \_\_\_\_\_

Student's Full Address \_\_\_\_\_

School District \_\_\_\_\_ (K-8) Bus #Home \_\_\_\_\_ or Walker/Car Rider Home \_\_\_\_\_

Father's Full Name \_\_\_\_\_

Father's Home Phone Number \_\_\_\_\_

Father's Work Phone Number \_\_\_\_\_

Father's Cell Phone Number \_\_\_\_\_

Mother's Full Name \_\_\_\_\_

Mother's Home Phone Number \_\_\_\_\_

Mother's Work Phone Number \_\_\_\_\_

Mother's Cell Phone Number \_\_\_\_\_

Does your child have any health concerns? \_\_\_\_\_

If yes, please explain: \_\_\_\_\_

Does your child require daily medication? \_\_\_\_\_

If yes, what medication \_\_\_\_\_ Side effects \_\_\_\_\_

*Any time medication needs to be administered during the school day, it must be brought to the office by an adult in the original container.*

**Does your child have any allergies? \_\_\_\_ YES \_\_\_\_ NO**

If yes, please list here: \_\_\_\_\_

If yes, what is their reaction? \_\_\_\_\_

Does your child require an Epi Pen? \_\_\_\_\_ If yes, does the school have one? \_\_\_\_\_

**In case of emergency, parents/guardians are contacted first.**

***Which parent/guardian should be contacted first?*** \_\_\_\_\_

***At what number?*** \_\_\_\_\_

In case of emergency, list names of people who may be contacted if parents cannot be reached and would be able to provide transportation.

Name: \_\_\_\_\_ Phone Number \_\_\_\_\_

Name: \_\_\_\_\_ Phone Number \_\_\_\_\_

I do hereby release, discharge, and hold harmless Madonna Catholic Regional School and employees from any and all liability for giving first aid care. If necessary, I give my permission to call an ambulance to provide transportation to the nearest hospital.

Signature of Parent/Guardian \_\_\_\_\_ Date \_\_\_\_\_