

Immaculate Conception School CARES Program

Emergency Form

Please print:

Student's Name: _____ Grade: _____

Address: _____
Street City Zip

Home Phone Number: _____ Birth date: _____

Home E-Mail Address: _____

Father
Name: _____

Work Number: _____

Cell Phone: _____

Mother
Name: _____

Work Number: _____

Cell Phone: _____

If parent or guardian cannot be reached, please contact:

Name: _____

Phone: _____

Name: _____

Phone: _____

Physician: _____

Phone: _____

For regular daily pick-up, my child may only be released to:

Relationship: _____

Relationship: _____

Relationship: _____

Relationship: _____

Medical History

Is your child allergic to bee/insect stings? _____ Yes _____ No

Is your child allergic to any drug, food, or other substance? _____ Yes _____ No

If 'yes' to either, please explain reaction and treatment:

_____ (over)

Is your child taking any daily medications? What/Why? _____

Please list conditions that require special attention:

I give my permission to administer:	Children's Tylenol	_____	Yes	_____	No
	Benadryl	_____	Yes	_____	No

In care of emergency I give permission for my child to be taken to Somerset Medical Center _____

_____ Yes _____ No

If no, where would you like him/her taken: _____

Special Instructions:

Signature of Parent/Guardian: _____ Date: _____

.....

I have read the rules and regulations of the program, and I promise to obey them at all times.

Child's Signature: _____ Date: _____

I have discussed these rules with my child and promise to remind him/her to obey them at all times.

Parent Signature: _____ Date: _____