



Holy Rosary Church

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www.HolyRosaryChurch.com

*"Celebrating 134 years as the First Italian Parish in the State of New Jersey."
Established in 1885*

Medical Information Form School Year 2019-2020

In the event of minor illness/accident, early dismissal or other changes in class routine, I request that the Religious Education staff contact me using the information provided on this form. If the staff is unable to reach me, I hereby authorize them to contact the adults listed below who may assume temporary care of my child.

Student Name: _____ Grade/Teacher: _____

Parent/Guardian Name: _____ Relationship to Student: _____

Parent/Guardian Home Address: _____

Numbers to call in case of emergency:

(1) _____ (2) _____

(please indicate home or cell)

Emergency Contact Information (a person other than the parent/guardian listed above):

Name: _____

Numbers to call in case of emergency:

(1) _____ (2) _____

(please indicate home or cell)

Does your child have any special educational needs? ____ Yes, please describe below ____ No

(over)

Medical Information

Please list any health concerns or allergies: _____

In case of an emergency, please list any medication your child is currently taking:

Note: The Religious Education staff will not administer any medication, but would pass this information on to medical personnel if the need arises.

In case of an accident or serious illness, I request that the Religious Education staff of Holy Rosary Church contact me using the information provided on this form. If the staff is unable to reach me, I hereby authorize the Religious Education staff of Holy Rosary Church to call the physician indicated below and to follow his or her instructions. If the Religious Education staff is unable to reach the parent, guardian, emergency contact, or physician, then you are authorized to make any and all appropriate arrangements deemed necessary for the safety and care of my child, including transporting my child to the nearest hospital emergency room by ambulance.

Name of Your Child's Physician: _____

Physician's Telephone No: _____

Please indicate your approval of the information provided on this form by printing and signing your name below:

Name of parent/guardian (please print) _____

Signature of parent/guardian (please sign) _____

Numbers to call in case of emergency:

(1) _____ (2) _____

(please indicate home or cell)