



St. Francis of Assisi School
 70 Adam Street
 Tonawanda, NY 14150
 School Office 716-692-7886

ILLNESS AND EMERGENCY PROCEDURE FORM

PLEASE PRINT CLEARLY

<u>PARENTS/GUARDIANS</u>		HOME PHONE
HOME STREET ADDRESS	STATE	ZIPCODE
IS CHILD LIVING WITH BOTH PARENTS ___ YES ___ NO		
CUSTODY? _____		
IS THE SCHOOL ALLOWED TO RELEASE THE CHILD TO EITHER PARENT ___ YES ___ NO		
MOTHER'S CONTACT INFORMATION HOME PHONE _____ CELL PHONE _____ BUSINESS PHONE _____		FATHER'S CONTACT INFORMATION HOME PHONE _____ CELL PHONE _____ BUSINESS PHONE _____
SIGNATURE OF PARENT OR GUARDIAN		DATE
Public School District of Residence		

Family Name _____	Student(s)	Grade
Email: _____	_____	_____
	_____	_____
	_____	_____
	_____	_____
	_____	_____

If my child becomes ill in school or if there is an emergency closing after the buses have left for school, please contact one of the following in numbered order: **(Please include name, and number(s) and relationship to student).**

1. _____
2. _____
3. _____
4. _____

EMERGENCY MEDICAL AUTHORIZATION

In the event reasonable attempts to contact me at the above listed phone numbers have been unsuccessful, I hereby give my consent to administration of emergency medical treatment by any licensed physician or dentist and to transport my child to any reasonable accessible hospital facility.

*Parent's/Guardian's Signature _____
 Date _____

<Over>

Student's Name: _____

Current Illness: _____

Medications: _____

Allergies: _____

Insurance Provider: _____

Policy Group: _____ Policy Number: _____

Who is the primary on the card: _____

Relationship to student: _____ Contact # _____

Student's Name: _____

Current Illness: _____

Medications: _____

Allergies: _____

Insurance Provider: _____

Policy Group: _____ Policy Number: _____

Who is the primary on the card: _____

Relationship to student: _____ Contact # _____

Student's Name: _____

Current Illness: _____

Medications: _____

Allergies: _____

Insurance Provider: _____

Policy Group: _____ Policy Number: _____

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Relationship to student: _____ Contact # _____

Student's Name: _____

Current Illness: _____

Medications: _____

Allergies: _____

Insurance Provider: _____

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Student's Name: _____

Current Illness: _____

Medications: _____

Allergies: _____

Insurance Provider: _____

Policy Group: _____ Policy Number: _____

Who is the primary on the card: _____

Relationship to student: _____ Contact # _____