EMERGENCY MEDICAL FORM

FAMILY NAME: _____

Home Phone: _____

Address: _____

Parent(s)/Legal Guardian(s) _____

Person with whom students are living: _____

In case of illness, accident or emergency to children of this family, Immaculate Heart of Mary Parish and its representatives are authorized to proceed as indicated below: (Please number each item 1,2,3,etc in the order of desired action you with us to take)

☐ __ *Contact:* _____, *Day Phone* _____ *Other Phone* _____

☐ __ *Contact:* _____, *Day Phone* _____ *Other Phone* _____

☐ __ *Contact Family Physician:* _____ *Phone:* _____

☐ __ *Take student to* _____ *Hospital*

☐ __ *Other:* _____

Name of Medical Insurance Group _____

ID and Group Numbers: _____

Student Name:	*Birth Date:*	*Last Tetanus/ Booster:*	*Allergies:*	*Medications: Name/Dose/Reason*	*Special Health Concern*