

CHILD'S LAST NAME _____

CHILD'S LAST NAME	CHILD'S FIRST NAME	CHILD'S NICK NAME
HOME ADDRESS	CITY / STATE / ZIP	HOME PHONE
FATHER / GUARDIAN NAME	COMPANY NAME	BUSINESS PHONE
MOTHER / GUARDIAN NAME	COMPANY NAME	BUSINESS PHONE

In case of emergency: Names of persons who could assume temporary responsibility.

Local friend or relative _____ Phone _____
Local friend or relative _____ Phone _____
Local doctor _____ Phone _____

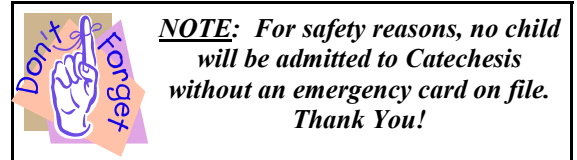
1. Specify health problems / allergies _____
2. Is your child on daily medication? Yes _____ No _____ Please Specify _____
3. Recent surgery, accident or illness (past year) _____

I, the undersigned parent/guardian, hereby give my consent for the above named child to be released to the friend/relative I have designated and/or to be taken to the nearest hospital in case of emergency.

Signature of Parent / Guardian _____ **Today's Date:** _____

TREATMENT IN THE EMERGENCY ROOM WILL REQUIRE YOUR PRESENCE.

OUR LADY OF PERPETUAL HELP
EMERGENCY MEDICAL CARD



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