

**OUR LADY OF PERPETUAL HELP SCHOOL
2009 – 2010 EMERGENCY FORM
480-874-3723**

Name _____ DOB _____ Home Phone _____
Last First M.I.

Address _____
City Zip Code

Father's Name _____ Home Phone _____
Last First (if different from above)

Business # _____ Cellular # _____ Pager # _____

Mother's Name _____ Home Phone _____
Last First (if different from above)

Business # _____ Cellular # _____ Pager # _____

If divorced, child lives with _____ **Joint Custody?** YES or NO (please circle)

Two LOCAL Emergency Contacts OTHER THAN PARENTS are required

Contact #1 _____ Home Phone _____
Last First

Business # _____ Cellular # _____ Pager # _____

Contact #2 _____ Home Phone _____
Last First

Business # _____ Cellular # _____ Pager # _____

Doctor's Name _____ Phone # _____

Insured's Name _____ Group# and ID# _____

Hospital Preference _____ Insurance Co. _____ Phone _____

MEDICAL CONDITIONS & MEDICATIONS

- ADD/ADHD _____
- Allergies _____
- Asthma _____
- Chronic Sore throat _____
- Diabetes _____
- Emotional Problems _____
- Hearing Problem _____
- Heart Murmur _____
- Menstrual Cramps _____
- Migraines _____
- Sinus Trouble _____
- Stomach or Bowel Problems _____
- Valley Fever _____

OTHER CONDITIONS/MEDICATIONS:

My son/daughter **MAY NOT** be picked up by _____

In case of injury or sudden illness, I authorize Our Lady of Perpetual Help School to seek medical attention for my son/daughter. I accept responsibility for payment of expenses incurred.

(Signature)

(Date)

It is the responsibility of the parent/guardian to submit changes in writing to the Health Office immediately. Thank you!