

NATIVITY OF MARY SCHOOL
8550 MAIN STREET
WILLIAMSVILLE, N.Y. 14221
PHONE: (716) 633-7441

ILLNESS AND EMERGENCY PROCEDURE FORM

PERSONAL DATA

Student Name _____ Grade _____ Date of Birth _____

Father's Name _____ Mother's Name _____

Home Address _____ Telephone _____

PLACE OF EMPLOYMENT

Father _____ Working Hours _____ Business Phone _____

E-Mail Address _____

Mother _____ Working Hours _____ Business Phone _____

E-Mail Address _____

NAME OF LOCAL PERSON TO CONTACT IF PARENTS ARE UNAVAILABLE

Name _____ Relationship _____

Address _____ Telephone _____

HEALTH INFORMATION

Primary Insurance Carrier _____ Policy/Group Number _____

Doctor/Pediatrician Name _____ Telephone _____

Dentist Name _____ Telephone _____

Does your child have any unusual health conditions Yes _____ No _____

If yes , please indicate:

____ Asthma Bee Sting Allergy _____ Internal Irregularities _____ Deafness _____ Physical Handicap _____

____ Kidney/Bladder _____ Other Allergy (list) _____ Convulsive Seizures _____ Surgical _____

____ Arthritis _____ Sight Impairment _____ Fractures _____ Other _____ Heart _____

____ Diabetes _____ Mild _____ Severe _____ Wears Glasses _____

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Are there any physical or emotional limitations the instructors and staff should consider in working with your child ?

_____ Yes _____ No

If yes, please explain.

Signature _____ Date _____

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 the administration of emergency medical treatment by any licensed physician or dentist and to transport the child to any reasonably accessible hospital facility

** Parent/Guardian Signature _____ Date _____

REFUSAL TO CONSENT

I DO NOT give consent for emergency medical treatment of my child. In the event of illness or injury requiring emergency treatment, I wish the person in charge to take no action or to:

**Parent/Guardian Signature _____ Date _____

PHOTO RELEASE

I give permission to Nativity of Mary School to publicly display photographs , writings, drawings, media images, or audio tapes of my child for the promotion of the school

**Parent/Guardian Signature _____ Date _____