

CALVARY EPISCOPAL SCHOOL AND COLLEGE PREPARATORY
Student Emergency Medical Form
2007-2008

Student's Last name First Middle Nickname

Date of Birth Home Telephone Number

Father's Work Number Mother's Work Number

Father's Cell Number Mother's Cell Number

Student's Home Address City, State, Zip

Father's Name Employer Business Address Business Phone Number

Mother's Name Employer Business Address Business Phone Number

Parent's Marital Status

Step Parent's name (if applicable) Home Address Telephone Number

Step Parent's name (if applicable) Home Address Telephone Number

Release Authorization: Please list below those persons to whom your child may be released from Calvary. Your Child will not be released to anyone who is not on this list; therefore, it is your responsibility to keep this list current. If there is an occasion when someone other than those listed below must pick up your child, you must inform the school office by written authorization.

Name Phone Relationship to Student

Name Phone Relationship to Student

Name Phone Relationship to Student

Name Phone Relationship to Student

Calvary Episcopal School Authorization for Emergency Medical Attention: In the event that I cannot be reached to make arrangements for emergency medical attention, I authorize the school nurse, school director, faculty/staff member or person in charge to take my child to:

Name of Licensed Personal Physician Address Telephone

Name of Preferred Hospital or Clinic Address Telephone

I give my consent for necessary emergency treatment while my child is in the care of this physician and/or hospital or clinic.

Signature of Parent or Legal Guardian Date