



1206 Logan Street

Holdrege, NE (308)995-4590

EMERGENCY INFORMATION

Date

Child's Name: Home Phone: 308-

Address: ,
Street City Zip

Father's Name: e-mail:

Place of Work: Work Phone: 308-

Mother's Name: e-mail:

Place of Work: Work Phone: 308-

In case of injury or illness, when neither parent can be reached, please call the following persons:

<u>Name</u>	<u>Relationship</u>	<u>Phone</u>
1. <input type="text"/>	<input type="text"/>	<input type="text"/>
2. <input type="text"/>	<input type="text"/>	<input type="text"/>
3. <input type="text"/>	<input type="text"/>	<input type="text"/>

Please sign if you are in agreement with the following statement:

In case of accident or serious illness and we are unable to be reached, I hereby authorize All Saints Catholic School to call the physician listed below and follow his/her instructions. If this physician is unable to be contacted, the school may make arrangements that are deemed necessary.

Signature of Parent/Guardian:

Physician's Name: Office Phone: 308-

Dentist's Name: Office Phone: 308-

Be sure to fill out both sides of this form

Incase of inclement weather, school may be dismissed early. Your child should:

wait at school until parents arrive to take the child home.

wait at school for on of the following persons:

Name **Phone**

1.

2.

walk home by him/her self.

walk to the home of:

CHILD'S MEDICAL INFORMATION

CURRENT HEALTH STATUS:

Any health problem your child may have that ASCS staff should be aware of:

Medication, if any:

Allergies (make sure to include any food related allergies)

Special concerns(glasses, hearing aides, crutches, etc.):

Any activities child should NOT engage in:

*If any of the information on either side of this form changes during the school year, please contact the office ASAP. Thank you!

Please sign and return to All Saints School