



Sacred Heart School Emergency Contact/Parental consent Form

Child's Full Name _____ Grade _____ -
Date of birth _____ male or female

Parent/Guardian Name _____ Relationship to child(Father, Mother, Guardian)
Address _____ Cell phone: _____
email _____ Work phone _____

Parent/Guardian Name _____ Relationship to child (Father, Mother, Guardian)
Address _____ Cell phone _____
email _____ Work phone _____

List of person(s) to whom your child may be released to or contacted in case of emergency

Name _____ Address _____
Relationship to child _____ phone _____

Name _____ Address _____
Relationship to child _____ phone _____

Name _____ Address _____
Relationship to child _____ phone _____

Health Information

Name of Physician: _____ phone _____

Address _____ Fax _____

Allergies _____

Medications _____

Medical conditions _____

In case of an accident or serious illness, I request the school to contact me. If you are unable to reach me, I hereby authorize the school to call the physician. I give consent to:

Obtaining emergency medical care, and administration of minor first aid.

FINANCIAL OBLIGATIONS

I hereby agree to pay all financial obligations on time. This includes tuition, fees and fundraising.

_____ Date _____

Parent Signature