



ST. PATRICK CATHOLIC SCHOOL

4142 N. 61st Street, Lincoln, Nebraska 68507 (402) 466-3710

St. Patrick Catholic School Medical Information Form

Please indicate what order you wish to be contacted by numbering the phone numbers listed.

(Father's Name)

(Mother's Name)

(Student(s) Last Name)

(Father's Cell Phone)

(Mother's Cell Phone)

(Home Phone)

(Father's Work Phone)

(Mother's Work Phone)

(Address and Zip Code)

Family Email: _____

Name and phone number of friend or relative who can be called in emergency if the parents cannot be reached:

(Name)

(Relationship)

(Phone)

Directions: Please put all of your children's names and grade below and indicate if that child has any health problems (i.e. diabetes, epilepsy, hearth condition, eye problem, ear problem, allergies, or other special difficulty for which we should be aware. Also, indicate if they take special medication or should wear glasses in school. If your child does not have any health problems, you can write NONE under the health problem section.

Student's Name

Grade:

Health Problem:

_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Emergency Release:

If we cannot be reached and our child should be injured or become ill at school, and require immediate medical attention, St. Patrick Catholic School may contact the doctor specified above. In the event that the injury or illness is serious and it becomes necessary to take our child to a hospital, and St. Patrick Catholic School cannot contact us, we consent to having our child taken to the hospital specified above. We understand that the school will make every attempt to contact us in the event of such an accident or illness.

Student(s) Doctor's Name: _____

Phone: _____

Student(s) Dentist's Name: _____

Phone: _____

Hospital Preference: _____

Date: _____

Signature of Parent/Guardian: _____

PLEASE INCLUDE YOUR STUDENT(S) LATEST IMMUZATION FORMS WITH THIS DOCUMENT

One per Family