

Blessed Sacrament Emergency & Personal  
Data Sheet

Please fill out and return, this form will also be used for Afterschool Care.

**Every family must have this form on record at the school**

Child's Name: \_\_\_\_\_ DOB: \_\_\_\_\_

Father \_\_\_\_\_ Mother \_\_\_\_\_ Home phone: \_\_\_\_\_

Address: \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Cell Phone: Dad \_\_\_\_\_ Mom \_\_\_\_\_

Father's Employer \_\_\_\_\_ Phone \_\_\_\_\_

Mother's Employer \_\_\_\_\_ Phone \_\_\_\_\_

**Father's e-mail**

**Mother's e-mail**

**EMERGENCY CONTACT INFORMATION:**

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_ Ph.: \_\_\_\_\_

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_ Ph.: \_\_\_\_\_

Is this person authorized to pick the child(ren)? \_\_\_\_\_

**Person's authorized to pick up my children:**

Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Name: \_\_\_\_\_ Phone: \_\_\_\_\_

**MEDICAL INFORMATION:**

Child's Physician: \_\_\_\_\_ Phone: \_\_\_\_\_

Emergency Care Facility: \_\_\_\_\_ Phone: \_\_\_\_\_

**Consent for emergency medical care:**

In case of an emergency, when parents cannot be reached, I (Father/Mother/Guardian) of \_\_\_\_\_ do hereby give my consent for said child to receive medical or surgical aid as may be deemed necessary and expedient by a duly licensed or recognized physician or surgeon. Consent is also given for the transportation of said child for emergency treatment if the parents cannot be reached.

Signed \_\_\_\_\_ Date \_\_\_\_\_

Please fill out the back as well.  
**ALL STUDENTS NOT PICKED UP FROM SCHOOL BY 3:15 WILL BE SENT TO THE AFTER SCHOOL PROGRAM. IF THIS OCCURS YOU WILL BE CHARGED THE \$12.00 DROP IN RATE WHICH WILL BE DUE AT TIME OF PICKUP.**

**Permission to administer medication:**

I hereby give permission for my child to be administered \_\_\_\_\_ (dosage) ibuprofen or \_\_\_\_\_ (which I will provide) if necessary. I understand that I will be notified when medication is administered.

Signed: \_\_\_\_\_ Date: \_\_\_\_\_

**Immunization:**

Please provide a valid copy of your child's immunization record, "as evidenced by a certificate of a licensed physician or a public health department acknowledging the immunization"

**Any special concerns, allergies, etc. we should be aware of:** \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

As parent/guardian of this child, I understand that I may ask for a conference with the teacher, principal, or any other personnel if needed.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date