



**IN CASE OF EXTREME EMERGENCY:**

If your child should become seriously ill or injured at school and the parent/guardian cannot be reached within a responsible length of time, may we have your permission to take appropriate action to see that your child gets emergency hospital care? **CIRCLE ONE:** YES NO

Physician: \_\_\_\_\_ Phone #: \_\_\_\_\_

**IMPORTANT!** List any allergies or additional medical information which would help us care for your child:

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

Important Date:

Baptism: \_\_\_\_\_

First Penance: \_\_\_\_\_

First Communion: \_\_\_\_\_

(Date) (Church) (City) (State)

In order to protect your child/children, we are very careful about who we release children to. Only people listed on this form will be allowed to pick your child/children up from Holy Rosary School. We also ask that you notify us if someone different than usual (who is on this list) will be picking your child up. You may change, delete or add to this list at any time. **Please do not call and request that we send a child with someone who is not on this list. You may request a change in person or in writing.** Please put the name of every possible individual on this list who might ever pick up your child/children.

The following people are permitted to take my child home from Holy Rosary School during the school year.

**Please print.**

**Name:** \_\_\_\_\_ **Phone #:** \_\_\_\_\_

Signature of Parent/Guardian: \_\_\_\_\_ Date: \_\_\_\_\_