
(Please print child's full name)

(Child's Birthdate)

EMERGENCY RELEASE FORM

Our Lady of Fatima School Lafayette, Louisiana

IN CASE OF ACCIDENT OR ILLNESS OF MY CHILD (CHILDREN), I REQUEST THE SCHOOL TO CONTACT ME. IF THE SCHOOL IS UNABLE TO REACH ME, I HEREBY AUTHORIZE THE SCHOOL TO CALL THE PHYSICIAN INDICATED IN THE REGISTRATION PACKET AND TO FOLLOW HIS/HER INSTRUCTIONS. IF IT IS IMPOSSIBLE TO CONTACT THIS PHYSICIAN, THE SCHOOL MAY MAKE WHATEVER ARRANGEMENTS DEEMED NECESSARY.

Parents' Names: _____

SIGNED _____
(Parent's signature - only one signature needed)

(Address) (Home Phone) (Work Phone) (Work Phone) (Cell Phone/Beeper #)
(Mother) (Father)

(Child's Doctor) (Insurance Carrier) (Policy Number)

1. Please indicate below any allergies, especially to medications your child may have.

2. Please list any other health problems your child may have.(Please also list prior surgeries)

(See Reverse)

3. Does your child take any daily medications? If so, please list these medications.

4. If child does not live with both parents, please list phone numbers of other parent.

5. Please list one extra emergency contact should both parents be unavailable.

Relationship to child_____

****Special Note** - Please contact the school's front office should both parents plan to be out of town or out of reach on the same day. If this will be the case, please send in writing two extra emergency contact persons with all available phone numbers.

Thank You!