



(Please print child's full name)

(Child's Birth date)

EMERGENCY RELEASE FORM
Our Lady of Fatima School
Lafayette, Louisiana

IN CASE OF ACCIDENT OR ILLNESS OF MY CHILD, 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 TAKE WHATEVER ARRANGEMENTS DEEMED NECESSARY.

Parent's Names: _____

Parent Signature (only one needed): _____

(Street Address) (City) (Zip)

(Home Phone) (Mother's Work) (Mother's Cell)

(Home Phone) (Father's Work) (Father's Cell)

(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.

3. Please list any prior surgeries your child has had.

4. Does your child take any daily medications? If so, please list them below.

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

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

(Contact's Name) (Cell Phone) (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.**