



**In case of accident or illness when parents cannot be reached:**

(a) Do you authorize the school to act if medical services seem necessary? Yes \_\_\_\_\_ No \_\_\_\_\_

(b) If your child has a medical condition the school should know about, please explain.

Allergies/Additional Information: \_\_\_\_\_

(c) Please list names of nearest relative or near neighbor to whom your child may be sent if parents cannot be reached:

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

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

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

Doctor's name & phone # \_\_\_\_\_

Dentist's name & Phone # \_\_\_\_\_

Name/Names: \_\_\_\_\_

Your student(s) Name(s)

- My children have permission to participate in school sponsored field trips during the current academic year.
- Sacred Heart School uses many different forms of media for exposure. Your child could be used as part of this exposure. Should you *not* want your child photographed, interviewed or videotaped, please notify the school in writing.

**Non-Emergency Pick-up**

Additional Names of Person's who have permission to pick-up your child from school:

(If the same as above you do not need to fill this part out.)

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

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

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

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

Signature of Parent: \_\_\_\_\_