

**Our Lady of Joy**

**EMERGENCY CARE FORM School Year: 2012-2013**

First Student Name: \_\_\_\_\_ DOB: \_\_\_\_\_ CCD Grade \_\_\_\_\_

Second Student Name: \_\_\_\_\_ DOB: \_\_\_\_\_ CCD Grade \_\_\_\_\_

Third Student Name: \_\_\_\_\_ DOB: \_\_\_\_\_ CCD Grade \_\_\_\_\_

Home Address \_\_\_\_\_ Home Phone Number: \_\_\_\_\_

Mother's Cell \_\_\_\_\_ Mother's Work \_\_\_\_\_

Father's Cell \_\_\_\_\_ Father's Work \_\_\_\_\_

E-Mail Address: \_\_\_\_\_

**Allergies/Chronic Health Conditions/Daily Medications:** \_\_\_\_\_

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

**In Case of Accident or Illness please list two contacts: (Please list relation; Neighbor/Aunt/Uncle/Grandparents,etc.)**

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

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

Physician's Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Dentist's Name: \_\_\_\_\_ Phone: \_\_\_\_\_

**If you are unable to get in touch with me or our Family Doctor, you have my permission to have the emergency taken care of by:**

Any available Physician: Yes or No      Emergency Room of Nearby Hospital: Yes or No

**Other Instructions:** \_\_\_\_\_

\_\_\_\_\_

**Signature of Parent:** \_\_\_\_\_ **Date:** \_\_\_\_\_

*It is imperative you contact the religious education office with any change in any information throughout the year especially changes in phone numbers in case of an emergency.*