

Immaculate Conception School CARES Program

Emergency Form

Please print:

Student's Name: _____ Grade: _____

Address: _____
Street City Zip

Home Phone Number: _____ Birth date: _____

Home E-Mail Address: _____

Father

Name: _____

Work Number: _____

Cell Phone: _____

Mother

Name: _____

Work Number: _____

Cell Phone: _____

If parent or guardian cannot be reached, please contact:

Name: _____

Phone: _____

Name: _____

Phone: _____

Physician: _____

Phone: _____

For regular daily pick-up, my child may only be released to:

Relationship: _____

Relationship: _____

Relationship: _____

Relationship: _____

Medical History

Is your child allergic to bee/insect stings? _____ Yes _____ No

Is your child allergic to any drug, food, or other substance? _____ Yes _____ No

If 'yes' to either, please explain reaction and treatment:

_____ (over)

