

ST JOHNS HIGH SCHOOL EMERGENCY CARE PERMISSION

CIRCLE ONE: FR JV VAR SPORT _____
NAME _____ ADDRESS _____
BIRTHDATE _____ HOME PHONE # _____
INSURANCE CO. _____ POLICY # _____

In case of illness or injury, you should contact one of the following:

**** YOU MUST HAVE TWO PHONE #'s OTHER THAN THE ONE ABOVE****

1. _____ Ph # _____ at _____

2. _____ Ph # _____ at _____

If it is impossible to contact one of the above persons, you may contact our family doctor:

DOCTOR _____ Ph # _____

List any allergies, medications, special care needs:

You may also want to list any serious illness or injuries your son or daughter has had or other physical problems of which you are aware:

In case of serious illness or injury, I hereby request that authorized school personnel transfer my child directly to the hospital, or send by ambulance if needed, and I will assume all financial obligations.

Hospital preferred _____

(PRINT) PARENT NAME

Parent Signature

*******IT IS IMPORTANT TO COMPLETE & SIGN BOTH COPIES. THANK YOU *******

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