



St. Thomas More Catholic School

EMERGENCY FORM

STUDENT'S PERSONAL INFORMATION

Last Name:	First Name:	Middle Name:
Grade:	Gender: Male Female	DOB:
Address:		

Mother:

Phone:	Work:	Mobile:	Carrier:
Email:			

Father:

Phone:	Work:	Mobile:	Carrier:
Email:			

MEDICAL INFORMATION

Hospital:
Health Concern(s):
Doctor:

EMERGENCY CONTACT INFORMATION

Name:	Relation:	Phone:
Name:	Relation:	Phone:

In case of sickness of my child while under the care and supervision of the school, I, the undersigned, hereby give my consent to administer first-aid, provide emergency care, and/or treatment through a clinic, a hospital, or private doctor. I give my express consent for x-rays if the doctor and/or hospital feel it advisable or necessary. I also agree to pay the entire costs and fees contingent upon any emergency medical care and/or treatment for my child as secured or authorized under this consent. This agreement shall continue as long as the above-named child is enrolled in the above facility.

Signature of parent/guardian

Date