

SACRED HEART SCHOOL - FIRST AID & EMERGENCY INFORMATION

Dear Parents:

The information requested below is needed so we can provide for your son's/daughter's health and safety needs.

1. Please answer **all** questions completely. Please explain items left blank.
2. Please return to the school **by SEPTEMBER 25th.**
(Please print)

Family Name: _____

Names & Grades
of Students: _____

Email Address _____

Home Address: _____

City & Zip: _____

Home & Cell Phone#s _____

Parents' Names: _____

Father's Place of Employment: _____

Business & Cell Phone # _____

Mother's Place of Employment: _____

Phone & Cell Phone# _____

Doctor's Name: _____

Office Address: _____

Dr.'s Office Phone # _____

Caregiver's Name: _____

Caregiver's Cell Phone # _____

Hospital preferred in case of emergency: _____

Is your doctor named above on staff? Yes _____ No _____ Unsure _____

(Please turn page over)

Medications each child takes regularly: _____

Allergies for each child: _____

Medical history: Illnesses, conditions, operations, accidents, etc.
pertinent to first aid and emergency care for each child: _____

First Aid & Emergency procedures: In case of illness or injury, first aid is administered here at school. If the student needs to go home, to the doctor's office, or to the Emergency Room, the parents are contacted to come to school. If the parent cannot be reached, the caregiver or responsible party will be called. Only in dire emergencies will the Winnetka Paramedic Unit be called.

Parental Consent: I hereby give permission for first aid for illness or injury to be given to my son/daughter. In case of serious illness or injury, I also give permission for such medical care deemed necessary for his or her welfare.

Mother's signature: _____

Father's signature: _____

Date: _____

Please note any special needs your child(ren) may have:

Below please list the names of responsible parties, other than your caregiver, when parent(s) cannot be reached:

Name: _____

Home & cell phone #s _____

Name: _____

Home & cell phone #s _____