

**DIOCESE OF RICHMOND**  
**PERMISSION FOR EMERGENCY CARE**

*To be completed by parent/guardian at beginning of school year*

NAME OF STUDENT \_\_\_\_\_ GRADE \_\_\_\_\_

ADDRESS \_\_\_\_\_  
(street) (city) (zip)

STUDENT'S DATE OF BIRTH \_\_\_\_\_ Male Female HOME # \_\_\_\_\_

FATHER'S NAME \_\_\_\_\_ WORK # \_\_\_\_\_ CELL # \_\_\_\_\_

MOTHER'S NAME \_\_\_\_\_ WORK # \_\_\_\_\_ CELL# \_\_\_\_\_

FATHER'S ADDRESS \_\_\_\_\_ MOTHER'S ADDRESS \_\_\_\_\_  
(if different from student)

NAME OF PERSON OR AGENCY HAVING LEGAL CUSTODY\* \_\_\_\_\_

ADDRESS \_\_\_\_\_ HOME PHONE \_\_\_\_\_

CHILD'S ALLERGIES (if any) \_\_\_\_\_

CHILD'S DOCTOR \_\_\_\_\_ PHONE NUMBER \_\_\_\_\_

MEDICAL HISTORY (ex. Diabetes, heart disease, contact lenses, hearing aids, etc.) \_\_\_\_\_

MEDICATION CHILD IS TAKING \_\_\_\_\_ DATE OF LAST TETANUS SHOT \_\_\_\_\_

INSURANCE COMPANY \_\_\_\_\_ POLICY NUMBER \_\_\_\_\_

Persons UNAUTHORIZED to pick up child from school. (if parent, appropriate custody paperwork must be attached)

Emergency contact: In the event a parent cannot be reached, please give the name and phone number of two people who could pick up and take your child in a timely manner.

1) \_\_\_\_\_  
(name) (relationship) (phone)

2) \_\_\_\_\_  
(name) (relationship) (phone)

I agree to pick up my sick or injured child in a timely manner when contacted. If I cannot be reached, the above emergency contacts can be called to pick up my child. Additionally, if I cannot be contacted in an emergency, the school has my permission to take my child to the emergency room of the nearest hospital, and I hereby authorize its medical staff to provide treatment which a physician deems necessary for the well-being of my child.

Signature of parent/guardian

Date