

# Our Lady Of Peace School

640 Old Fairmont Pike

Wheeling, WV 26003

(304) 242.1383 fax: (304)243-5410

## **EMERGENCY INFORMATION/AUTHORIZATION**

Family Name: \_\_\_\_\_ Home Phone #: \_\_\_\_\_

Student Name(s): \_\_\_\_\_

Address: \_\_\_\_\_

Where parents can be reached if not at home:

Mother: \_\_\_\_\_ Cell Phone #: \_\_\_\_\_

Place of Employment: \_\_\_\_\_

Work Phone # : \_\_\_\_\_

Father: \_\_\_\_\_ Cell Phone #: \_\_\_\_\_

Place of Employment: \_\_\_\_\_

Work Phone # : \_\_\_\_\_

List two emergency contacts, who will assume temporary care of your child if you cannot be reached:

Name: \_\_\_\_\_ Phone #: \_\_\_\_\_ Relationship: \_\_\_\_\_

Name: \_\_\_\_\_ Phone #: \_\_\_\_\_ Relationship: \_\_\_\_\_

Grandparents' information:

Names: \_\_\_\_\_

Address: \_\_\_\_\_

Phone # (if not listed above): \_\_\_\_\_

Names: \_\_\_\_\_

Address: \_\_\_\_\_

Phone # (if not listed above): \_\_\_\_\_

IN CASE OF ACCIDENT OR SERIOUS ILLNESS, I REQUEST THE SCHOOL TO CONTACT ME. IF THE SCHOOL IS UNABLE TO REACH ME, I HEARBY AUTHORIZE THE SCHOOL TO CALL THE PHYSICIAN INDICATED BELOW AND TO FOLLOW HIS INSTRUCTIONS. IF IT IS IMPOSSIBLE TO CONTACT THIS PHYSICIAN, THE SCHOOL MAY MAKE NECESSARY ARRANGEMENTS.

Physician: \_\_\_\_\_ Telephone Number: \_\_\_\_\_

Dentist: \_\_\_\_\_ Telephone Number: \_\_\_\_\_

Preferred Hospital: \_\_\_\_\_

Insurance Company: \_\_\_\_\_ Policy #: \_\_\_\_\_

Allergies, Medication info, Etc (use back page if necessary) : \_\_\_\_\_

Parent Signature: \_\_\_\_\_ Date: \_\_\_\_\_