

Our Lady of Peace School

640 OLD FAIRMONT PIKE - MT. OLIVET
WHEELING, WEST VIRGINIA 26003
(304) 242-1383



EMERGENCY INFORMATION / AUTHORIZATION

FAMILY NAME _____

STUDENT/S NAMES _____

ADDRESS _____

TELEPHONE _____

WHERE PARENTS CAN BE REACHED IF NOT AT HOME:

MOTHER _____ PHONE _____

FATHER _____ PHONE _____

LIST TWO NEIGHBORS OR RELATIVES WHO WILL ASSUME TEMPORARY CARE OF YOUR CHILD IF YOU CANNOT BE REACHED:

NAME _____ PHONE _____

NAME _____ PHONE _____

IN CASE OF ACCIDENT OR SERIOUS ILLNESS, I REQUEST THE SCHOOL TO CONTACT ME. IF THE SCHOOL IS UNABLE TO REACH ME, I HEREBY 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 WHATEVER ARRANGEMENTS SEEM NECESSARY.

PHYSICIAN _____ PHONE _____

DENTIST _____ PHONE _____

PREFERRED HOSPITAL _____

INSURANCE COMPANY _____

POLICY NUMBER _____

ALLERGIES, MEDICATION INFORMATION, ETC. _____

DATE

PARENT SIGNATURE