

GRADE: _____

Marymount Emergency Consent & Contact Information Form 2009-2010

(PLEASE PRINT CLEARLY)

STUDENT: _____ Birth Date: _____
Last Name First Name Middle
ADDRESS: _____ Home Phone: _____
Street Address City State

SCHOOL AUTHORITIES WILL ATTEMPT TO NOTIFY A PARENT OR GUARDIAN IN CASE OF ACCIDENT, ILLNESS OR EMERGENCY. IF EFFORTS TO REACH A PARENT OR GUARDIAN ARE UNSUCCESSFUL, IT IS ADVISABLE TO HAVE ALTERNATE COURSES OF ACTION DESIGNATED.

<u>PARENT / GUARDIAN</u>	<u>BUSINESS ADDRESS</u>	<u>PHONE(S)</u>
_____	_____	Business: _____
Parent / Guardian 1	_____	Cell: _____
_____	_____	Business: _____
Parent / Guardian 2	_____	Cell: _____

ADULTS WHO MAY BE CONTACTED TO TAKE CHARGE IF PARENTS / GUARDIANS ARE NOT AVAILABLE:

_____	_____	_____	(H) _____
Name	Relationship	Address	(C) _____
_____	_____	_____	(H) _____
Name	Relationship	Address	(C) _____
_____	_____	_____	(H) _____
Name	Relationship	Address	(C) _____
_____	_____	_____	(H) _____
Name	Relationship	Address	(C) _____

PHYSICIAN(S) WHO MAY BE CALLED:

_____ OR _____
Doctor Phone Doctor Phone

MEDICATIONS / SPECIAL HEALTH FACTORS _____

I authorize MARYMOUNT OF SANTA BARBARA to secure adequate hospital and/or medical attention for my child in case of emergency, illness or accident during the 2009 - 2010 school year, including Summer School and Summer Camp.

Parent / Guardian 1 Signature: _____ Date: _____

Parent / Guardian 2 Signature: _____ Date: _____