

# OUR LADY OF VICTORY RELIGIOUS EDUCATION

## Confidential Emergency Form

Child's Name \_\_\_\_\_ Date of Birth \_\_\_\_\_

Address \_\_\_\_\_ Phone \_\_\_\_\_

Grade \_\_\_\_\_

Does your child have any medical or physical limitations that we should be aware of:

\_\_\_\_\_ If so, what? Explain: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Allergic to:  Penicillin       Bee Stings       Poison Ivy/Oak  
 Food Allergies (Specify \_\_\_\_\_)  
 Other \_\_\_\_\_

Medications your child is currently taking: \_\_\_\_\_  
\_\_\_\_\_

\*It is essential that we know if your child is on medication. All current medication should be labeled with your child's name, prescription and instructions. Be sure to give it to the school office. No medication of any kind, including aspirin, is to be kept by children in school. All medications must be locked in the school office.

Parent's Name \_\_\_\_\_ Home Phone \_\_\_\_\_

Address \_\_\_\_\_

Father's Work Number \_\_\_\_\_ Mother's Work Number \_\_\_\_\_

Father's Cell Phone \_\_\_\_\_ Mother's Cell Phone \_\_\_\_\_