



OUR LADY of the LAKE SCHOOL

CONNECTING *on a* HIGHER LEVEL

EMERGENCY REFERENCE FORM

Student _____ Date of Birth _____ Grade _____

(Last)

(First)

Address _____ City _____ Zip _____

Home Phone _____ E-Mail Address _____

To best serve your child in case of accident or sudden illness, it is necessary that you give the following information:

Mother _____ Cell# _____ Work# _____

Father _____ Cell# _____ Work# _____

List two close relatives or friends who will assume temporary care of your child in the event you cannot be reached:

Name _____ Cell# _____ Relationship _____

Name _____ Cell# _____ Relationship _____

Please list other children in the family:

Name _____ Date of Birth _____ School _____

Name _____ Date of Birth _____ School _____

Name _____ Date of Birth _____ School _____

Name _____ Date of Birth _____ School _____

List any medical/ surgical care your child has received during the last year:

Dental Exam _____
(Date) _____ (Braces) _____

Eye Exam _____
(Date) _____ (Glasses) _____ (Contacts) _____

Allergy _____
(Food/Drug/Latex) _____ (Medications) _____

Chronic Illness _____
(Diagnosis Date) _____ (Medications) _____

Restrictions _____
(Type) _____

Pediatrician _____ Phone _____

Dentist _____ Phone _____

Hospital _____ Phone _____

Does this child have any health insurance including NJ Family Care/ Medicaid, Medicare, private or other?

Yes _____ If Yes, name of insurance company _____

No _____

I, the undersigned, do hereby authorize officials of Our Lady of the Lake School to contact directly the persons named on this form and do authorize the named physicians to render such treatment as may be deemed necessary in an emergency, for the health of said child. In the event that physicians, other persons named on this form, or parents cannot be contacted, the school officials are hereby authorized to take whatever action is deemed necessary in their judgement, for the health of the aforesaid child. I will not hold the school district financially responsible for the emergency care and/or transportation for said child.

(Signature of Parent/Guardian)

(Date)