

Sacred Heart School
220 Berger St.
Lawrenceburg, TN 38464
931-762-6125



EMERGENCY INFORMATION

For _____ **Date of Birth** _____
(Child's Name)

WHERE CAN PARENTS BE REACHED IF NOT AT HOME?

Mother: (Name) _____ Home Phone: _____ Work Phone: _____

Address: _____ E-Mail: _____

Father: (Name) _____ Home Phone: _____ Work Phone: _____

Address: _____ E-Mail: _____

LIST OF NEIGHBORS OR NEARBY RELATIVE WHO WILL ASSUME TEMPORARY CARE OF YOUR CHILD IF YOU CANNOT BE REACHED.

1. Name _____ Tel. # _____ Cell # _____

2. Name _____ Tel. # _____ Cell # _____

Students may be picked up from school only by the following people unless you call:

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.

Signature of parent/guardian _____

Remarks/Allergies (specify)/other conditions:

Physician's Name and Number _____

Please fill out a medical form for any medications your child must take on a consistent or daily basis. Please take note of the following: Medications must be in original container with physicians written orders on how and when it is to be administered to your child.

No medications can be administered without these forms.