



NICOLAUS COPERNICUS POLISH SCHOOL

EMERGENCY INFORMATION FORM

Student's name \_\_\_\_\_ School \_\_\_\_\_

Age \_\_\_\_\_ Date of Birth \_\_\_\_/\_\_\_\_/\_\_\_\_ Grade \_\_\_\_\_

Home Address \_\_\_\_\_ Zip Code \_\_\_\_\_

Home Phone # ( \_\_\_\_\_ ) \_\_\_\_\_

Mother's Name \_\_\_\_\_

Cell # ( \_\_\_\_\_ ) \_\_\_\_\_ Work # ( \_\_\_\_\_ ) \_\_\_\_\_

Father's Name \_\_\_\_\_

Cell # ( \_\_\_\_\_ ) \_\_\_\_\_ Work # ( \_\_\_\_\_ ) \_\_\_\_\_

Physician \_\_\_\_\_ Office phone # ( \_\_\_\_\_ ) \_\_\_\_\_

Allergies Yes  No  If yes, what type? \_\_\_\_\_

Medications Yes  No  If yes, what type/ dosage? \_\_\_\_\_

Medical Health Insurance Coverage Yes  No

Name of person(s) my child can be released to/ called in an emergency (in order)

Name (First and last)	Relationship	Daytime Phone	Cell Phone

**Parent/Guardian permit waiver:**

If, in the judgement of any representative of the school, the said student shall need immediate care and treatment as a result of an injury or sickness, I do hereby request, authorize, and consent to such care and treatment as may be given said student by any physician, athletic trainer, nurse or school representative, and I do hereby agree to indemnify and save harmless the school representative from any claim by any person whomever on account of such care and treatment of such of said student.

\_\_\_\_\_  
Signature of parent/ guardian

\_\_\_\_\_  
Date