



**MEDICAL EMERGENCY FORM
OAKLAND CATHOLIC HIGH SCHOOL**

Please **PRINT** carefully the entire form below and provide the current email addresses that are checked regularly and return to school by

NAME OF STUDENT:

Last: _____ First: _____

DOB: _____ Grade: _____

Please include Area Code before each phone number:

Father's Name _____ Home Phone _____ Cell Phone _____

Father's Email Address _____ Work Phone _____

Mother's Name _____ Home Phone _____ Cell Phone _____

Mother's Email Address _____ Work Phone _____

Guardian's Name _____ Home Phone _____ Cell Phone _____

Guardian's Email Address _____ Work Phone _____

IN CASE OF AN EMERGENCY, WHO WOULD BE THE 1ST PERSON TO CONTACT?

Name _____ Emergency Phone Number _____

Relationship to Student _____

If neither parent/ guardian can be contacted, please list one relative or friend who would have the authority to advise us regarding your daughter.

Name _____ Relationship to Student _____

Home Phone _____ Cell Phone _____

Name and Phone Number of your daughter's Pediatrician _____

Hospital or Emergency Room Preference _____

Circle any health condition(s) that your daughter may have: ASTHMA DIABETES EPILEPSY ALLERGIES

Other conditions: _____

Food/Drug Allergies: _____

Are the allergies life-threatening requiring an Epi-Pen at school? Yes No

Please list ALL medications your daughter is currently taking: _____

During the past year, has your daughter had any serious illness, injury, operation, or hospitalization? Yes No

If yes, indicate here _____

Does your daughter have any medical/mobility concerns of which we should be aware? Yes No

If yes, indicate here _____

In addition to first aid, my daughter may be treated at the normal dosage as needed in the judgment of the School Nurse:

TYLENOL Yes / No **ANTACID Yes / No** **BENADRYL Yes / No** **IBUPROFEN Yes / No**
(Acetaminophen) (Stomachache) (Allergy Medication) (Advil/Motrin)

By my signature below, I give my consent to the School Nurse to administer medications indicated by "Yes" responses above.

Parent/Guardian Signature _____

Date _____

Please **PRINT** your name on the line above