

Bergen Catholic High School Emergency/Illness/Accident Form

Student's graduation year: _____

Student's Name: _____

Parent's Name: _____

Home Address: _____

Home Phone: _____

Father's Cell phone: _____

Mother's Cell phone: _____

Alternate Person to be notified in case of an emergency

Name: _____

Cell Phone: _____

Doctor to be notified in case of an emergency

Name: _____

Number: _____

Hospital preference: _____

List any allergies, physical disorders that the student has:

If emergency treatment is required, I hereby authorize the school administration to use their judgment in sending my son to the hospital or the doctor most accessible before I, the parent, can be reached.

Permission is hereby granted to dispense the following nonprescription medications:
Non aspirin pain reliever (Tylenol, Advil brand), and Antacid (Tums, Pepto Bismol)

Parent/Guardian Signature: _____