



ST. CYPRIAN SCHOOL EMERGENCY CARE AUTHORIZATION CARD 2010-2011

Name of Child/ren Home Address Home Telephone

Father's Name Place of Employment Address Cell Phone Telephone

Mother's Name Place of Employment Address Cell Phone Telephone

Please list the names of friends or persons that the School might contact in the event that you cannot be reached:

Name Address Telephone/Cell Phone

Name Address Telephone/Cell Phone

SIDE 1

OVER



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Name of Child/ren Home Address Home Telephone

Father's Name Place of Employment Address Cell Phone Telephone

Mother's Name Place of Employment Address Cell Phone Telephone

Please list the names of friends or persons that the School might contact in the event that you cannot be reached:

Name Address Telephone/Cell Phone

Name Address Telephone/Cell Phone

SIDE 1

OVER

If none of the names on Side 1 can be located, we may contact:

Family Doctor	Address	Telephone
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Another Doctor	Address	Telephone
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In the event that the indicated doctors cannot be located, the School may take the Student to this Hospital for emergency treatment:

Hospital	Address	Telephone
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If the Parents and authorized doctors, named above, cannot be reached at the time of the emergency, and if immediate observation or treatment is urgent in the opinion of the School authorities, do you authorize the School authorities to send the child (properly accompanied) to the hospital or doctor most easily accessible?

YES

NO

Signature of Parent or Guardian	Print Name	Date
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SIDE 2

(10)

If none of the names on Side 1 can be located, we may contact:

Family Doctor	Address	Telephone
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Another Doctor	Address	Telephone
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In the event that the indicated doctors cannot be located, the School may take the Student to this Hospital for emergency treatment:

Hospital	Address	Telephone
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If the Parents and authorized doctors, named above, cannot be reached at the time of the emergency, and if immediate observation or treatment is urgent in the opinion of the School authorities, do you authorize the School authorities to send the child (properly accompanied) to the hospital or doctor most easily accessible?

YES

NO

Signature of Parent or Guardian	Print Name	Date
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SIDE 2

(10)