2018-2019 APPLICATION
& MEDICAL INFORMATION

Name _____
Last First Middle

Gender ___ Grade 2018/19 ___ Birth Date ____/____/_____

Street Address _____ City _____ Zip _____ Home # _____

Last School Attended _____ Religious Affiliation ☐ Parishioner ☐ Catholic; Non-Parishioner ☐ Non-Catholic

Please indicate who has legal custody by checking the following box/es: Church of Affiliation _____

☐ **Mother's Name** _____ Home # _____ Cell #_____

Street Address _____ City _____ Zip _____

Workplace _____ Work # _____ Email _____

☐ **Father's Name** _____ Home # _____ Cell #_____

Street Address _____ City _____ Zip _____

Workplace _____ Work # _____ Email _____

☐ **Guardian's Name** _____ Home # _____ Cell #_____

Street Address _____ City _____ Zip _____

Workplace _____ Work # _____ Email _____

With whom does the child live? ☐ Father ☐ Mother ☐ Guardian ☐ Other Adults in home_____

Please list any physical limitations or medical problems

_____

_____

Circle all that apply: Asthma y / n Seizures y / n

Allergies y / n If yes, please list and explain

_____

_____

With whom (other than legal guardians) may your child be released?

Name _____ Phone # _____

Name _____ Phone # _____

What is your child's typical mode of transportation after school?

☐ Car Rider ☐ Walker ☐ Bike Rider ☐ Extended Care

*Please note that a 2018-19 permission form must be on file.

In case of emergency when parents cannot be located, please list in order of preference who we should contact LOCALLY:

Name _____ Name _____

Relationship to child _____ Relationship to child _____

Home # _____ Home # _____

Work # _____ Work # _____

In case of an emergency involving your child, it is the policy of Holy Name Catholic School to render first aid treatment while contacting parents/guardians for further instructions. In the event that the parents/guardians cannot be contacted, school officials will contact 911.

☐ I grant permission to Holy Name Catholic School personnel to send my child to the hospital for treatment. My hospital preference is _____.

☐ I give the Holy Name Catholic School Personnel authorization to treat my child in the absence of the school nurse.

☐ Insurance coverage: y / n _____

_____

Parent/Guardian Signature Date