



QUEEN OF PEACE HIGH SCHOOL

EMERGENCY PROCEDURE CONSENT FORM

I hereby grant permission to the Administration of Queen of Peace High School to arrange for the furnishing of transportation and such medical care as my daughter might need because of an illness or injury arising while my daughter is in the school building, or on school premises, or when engaged or participating in school programs, both at the school site and away from the school site.

This permission is granted with the understanding that occasions may arise when it may be impossible or impractical to delay action to transport the student for medical care until the parent is contacted. Hospital medical facilities generally do not consider this form to be a Consent for Treatment, and require a parent to sign the hospital's own Consent for Treatment form in person, before any examination or treatment is given. A minor child or your alternate emergency person **cannot** sign for treatment.

As parents, it is your responsibility to notify the school promptly of any data changes from those now listed, and to keep your daughter informed of your daily whereabouts if planning to be somewhere other than the place(s) listed on this form.

My daughter has the following physical condition of which you should be aware: _____

EMERGENCY PROCEDURE INFORMATION (please print or type)

STUDENT NAME _____ STUDENT ID# _____

ADDRESS _____ PHONE (____) _____

CITY _____ ZIP _____

CUSTODIAL PARENT(S) _____

NON-CUSTODIAL PARENT RECEIVES A COPY OF THE REPORT CARD & EDLINE ACCOUNT YES ____ NO ____

LANGUAGE SPOKEN AT HOME _____

In case of emergency, illness or accident to the student named above, the school is directed to proceed as indicated below. Number each item 1, 2, 3, etc., in the order of desired action.

_____ Contact mother (name) _____ Home Phone (____) _____

Cell Phone (____) _____ Work Phone (____) _____

_____ Contact father (name) _____ Home Phone (____) _____

Cell Phone (____) _____ Work Phone (____) _____

_____ Contact physician (name) _____ Phone (____) _____

_____ Other adult(s) to be called who can drive and is available during school hours.

Name _____ Relationship _____ Phone (____) _____

Name _____ Relationship _____ Phone (____) _____

Signature of Female Guardian

Signature of Male Guardian

Signature of Queen of Peace Student

Date

Please circle or highlight any information that has changed since the previous year.

**PLEASE BRING THIS SIGNED FORM WITH YOU
WHEN YOU PICK UP YOUR LAPTOP.**