

**KEHOE-FRANCE SCHOOL  
INFORMATION SHEET - FIRST AID / MEDICAL RELEASE**

\_\_\_\_\_  
LAST NAME (Please print)

\_\_\_\_\_

\_\_\_\_\_

ADDRESS
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\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_  
CHILD(REN)'S NAME(S)

\_\_\_\_\_  
GRADE

\_\_\_\_\_  
MOTHER'S NAME

\_\_\_\_\_  
FATHER'S NAME

HOME \_\_\_\_\_

HOME \_\_\_\_\_

WORK \_\_\_\_\_

WORK \_\_\_\_\_

CELL \_\_\_\_\_

CELL \_\_\_\_\_

E-MAIL \_\_\_\_\_

E-MAIL \_\_\_\_\_

**Please note that your child will not be released to anyone other than those listed below.**

\_\_\_\_\_  
Friend/Relative

\_\_\_\_\_  
Relationship

\_\_\_\_\_  
Phone Number

\_\_\_\_\_  
Friend/Relative

\_\_\_\_\_  
Relationship

\_\_\_\_\_  
Phone Number

\_\_\_\_\_  
Friend/Relative

\_\_\_\_\_  
Relationship

\_\_\_\_\_  
Phone Number

**In case of injury or serious illness, I request the school to contact me. If the school is unable to reach me, I hereby authorize the school to call and/or release my child(ren) to the persons indicated above and/or secure emergency medical treatment.**

\_\_\_\_\_  
Parent/Guardian

**PLEASE LIST / EXPLAIN ANY MEDICAL CONDITIONS AND / OR ALLERGIES KNOW:**

\_\_\_\_\_  
**CHILD'S NAME AND CONDITION AND/OR ALLERGY**

\_\_\_\_\_  
**CHILD'S NAME AND CONDITION AND/OR ALLERGY**

**OTHER SPECIFICS:** \_\_\_\_\_

\_\_\_\_\_