

2018-19

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

LAST NAME (Please print)

ADDRESS

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: _____