



Nativity Catholic School Emergency Treatment Form

In case of an accident or serious illness, Nativity Catholic School will contact the parent/guardian. If the school is unable to reach the parent/guardian, or any other person designated, then I hereby authorize the school to contact my child's physician and/or make arrangements for immediate emergency treatment. Payment of fees for all medical services will be the responsibility of the parent/guardian.

STUDENT'S NAME

GRADE

FAMILY PHYSICIAN'S NAME*

PHONE NUMBER

Medications taken daily and/or regularly: _____

Allergies: _____

Health Problems: _____

Date of last tetanus shot: _____

Insurance Company covering child: _____

Policy # _____

Expiration Date: _____

**STATE OF FLORIDA
COUNTY OF HILLSBOROUGH**

Signature of Parent/Guardian

Date

The foregoing was acknowledged before me this _____ day of _____ 2017.

Personally known _____ OR Produced Identification ID# _____

Signature of notary

Notary seal or stamp

*Please notify the school if physician changes.