

In case of illness, accident or emergency to the student(s) listed above; or in case of early school closure, Sacred Heart School is authorized to contact the following (in desired order) if parents cannot be reached:

<input type="checkbox"/> Name _____	Day Phone _____	Cell _____
<input type="checkbox"/> Name _____	Day Phone _____	Cell _____
<input type="checkbox"/> Name _____	Day Phone _____	Cell _____

My child/ren may also be picked up from school by:

Name _____	Day Phone _____	Cell _____
Name _____	Day Phone _____	Cell _____
Name _____	Day Phone _____	Cell _____

I authorize Sacred Heart School and the Archdiocese of Portland and its representatives to use their judgment in determining emergency care and procedures for my child/ren. I also understand and agree that the Archdiocese assumes no financial obligation for expenses incurred in carrying out emergency procedures and/or emergency transportation.

Parent/Guardian Signature

Date

Physician _____

Any medical condition that we should be aware of: _____
Other Comments: _____

Take my child to nearest hospital in case of emergency.

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Take my child to nearest hospital in case of emergency.