

Blessed Sacrament School
720 S. Church
Jonesboro, AR 72401

Student's
Name(s): _____ Grade: _____ DOB: _____

Grade: _____ DOB: _____

Grade: _____ DOB: _____

Parents Names and address(es):

Home phone: _____ Work: _____
Mother Father

Cell phone: _____
Mother Father

Do you give permission for your name and number(s) to be released to other families in the school?

Yes No

Emergency Contacts (other than Parents):

Phone #: _____

Phone #: _____

Phone #: _____

Emergency Treatment Consent:

I, _____, hereby give my consent for emergency
treatment for _____
Name of student(s)
at _____
Hospital

Family physician: _____ Phone #: _____

A copy of a valid immunization record must be provided to the school office

Please list any health/allergy concerns for student(s):

Medication permission form:

I hereby give permission to the school staff and/or Aftercare representative to administer _____, to _____

Name and dosage of medication

student's name(s)

as needed. I understand I will be notified that the medication has been administered.

List any other people authorized for pick up:

_____	Phone: _____
_____	Phone: _____
_____	Phone: _____
_____	Phone: _____
_____	Phone: _____
_____	Phone: _____
_____	Phone: _____

_____ Date _____

Parent/Guardian Signature