

EMERGENCY MEDICAL RELEASE FORM

St. Francis High School
Class of 2010
Grad Night Celebration
Wed, May 26, 2010

PLEASE PRINT

Student's name: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Medical Insurance Carrier: _____

Group # _____ ID # _____

EMERGENCY CONTACT INFORMATION

Parent/Guardian: _____ Phone #: _____

Name/Relationship: _____ Phone #: _____

Any known allergies: _____

List of medications needed to be taken at Grad Night: _____

If I cannot be contacted in an emergency, I give permission to the St. Francis Grad Night Committee to obtain emergency medical care for my child on May 26-27, 2010.

Parent/Guardian Signature: _____ Date: _____