

LYCEE FRANCAIS DE CHICAGO EMERGENCY FORM 2006-2007

You must inform the school of any changes to this form!

month/day/year

STUDENT'S NAME: _____ GRADE: _____ BIRTHDATE: ____/____/____

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FATHER'S NAME: _____ MOTHER'S NAME: _____

ADDRESS: _____ ADDRESS: _____

PHONE # : _____ PHONE #: _____

EMPLOYER: _____ EMPLOYER: _____

BUSINESS ADD: _____ BUSINESS ADD: _____

BUSINESS # : _____ BUSINESS #: _____

PAGER/CELLULAR: _____ PAGER/CELLULAR _____

FAX #: _____ FAX #: _____

E-MAIL: _____ E-MAIL: _____

person(s) (different from parents) to contact in case of emergency :

Name: _____ phone #: _____ relation: _____

Name: _____ phone #: _____ relation: _____

Name: _____ phone #: _____ relation: _____

***person(s) authorized to pick up your child(ren) regularly (every day):

Name: _____ phone #: _____ relation: _____

Name: _____ phone #: _____ relation: _____

Name: _____ phone #: _____ relation: _____

VERY IMPORTANT:

If the parents (or guardians) can not be contacted in case of serious injury or illness I authorize the **Lycée Français** to take such emergency action as may be deemed necessary, including the transportation of the student to a hospital or medical center.

As a parent and/or guardian, I do herewith authorize the treatment by the qualified and licensed medial doctor of the above named minor in the event of a medical emergency which, in the opinion of the attending physician, may endanger his or her life, cause disfigurement, physical impairment or undue discomfort if delayed. This authority is granted only after a reasonable effort has been made to reach me.

Doctors name: _____ phone#: _____ pager#: _____

Doctors name: _____ phone#: _____ pager#: _____

Hospital name: _____ phone#: _____

or _____ phone#: _____

X

SIGNATURE OF PARENT/GUARDIAN GIVING EMERGENCY CONSENT

DATE

* MY CHILD/CHILDREN WILL LEAVE 1. ON FOOT OR 2. BY CAR (CIRCLE ONE)

* IS THERE ANYONE **NOT** ALLOWED TO PICK UP YOUR CHILD/CHILDREN?

yes, name _____

relation: _____