



**Prospective Student Emergency Form
2017-2018 Academic Year**

Student Name _____ Visit Date _____

Age _____ years old Male or Female (please circle)

Allergies, medications, or any other important information for the school to know:

Adult picking up in office at end of visit day _____

Relationship to the student _____

Emergency Contact 1:

Name _____

Phone Number _____

Relationship to student _____

Emergency Contact 2:

Name _____

Phone Number _____

Relationship to student _____

I authorize the Archdiocese of Portland and its employees to secure any and all necessary medical services for my child in the event of an accident or illness. Further, I agree to be solely responsible for the payment of those services.

Parent/Guardian Signature _____ Date _____