ORMS 1 (800) 431-1201	NATIONAL SCHOOL FORMS	Form #19111 NA	Fort			
	Date:				Parent Signature:	IF NEEDED.
e to reach me, d welfare of my chik	chool is unable the safety and	e. If the so sessary for	arrangements seem nec	In case of an accident or serious illness, I request the school to contact me. If the school is unable to reach me I hereby authorize the school may take whatever arrangements seem necessary for the safety and welfare of m	In case of an accident of the least of the second in the s	PARENT: In case of an accident or serious illness, I request the school to contact me. If the school is unable to reach me, USE BACK OF CARD FOR I hereby authorize the school may take whatever arrangements seem necessary for the safety and welfare of my child ADDITIONAL COMMENTS,
YES NO	is card.)	ack side of th	; continue explanation on the ba	ease explain below. If necessary	AL CONDITIONS: (If YES, pl	ALLERGIES AND OTHER MEDICAL CONDITIONS: (If YES, please explain below. If necessary, continue explanation on the back side of this card.)
			I IS UNAVAILABLE	(EN IF PARENT OR PHYSICIAN	E STUDENT SHOULD BE TAP	PREFERRED HOSPITAL WHERE STUDENT SHOULD BE TAKEN IF PARENT OR PHYSICIAN IS UNAVAILABLE
			Ä	PHONE	ND ADDRESS	STUDENT'S DENTIST - NAME AND ADDRESS
^			NET THE STATE OF T	PHONE		STUDENT'S PHYSICIAN - NAME AND ADDRESS
	Phone:			Address:		Name:
	_ Phone:			Address:		Name:
				AVAILABLE, CONTACT:	PARENT/GUARDIAN IS NOT	IN CASE OF EMERGENCY AND PARENT/GUARDIAN IS NOT AVAILABLE, CONTACT:
			FATHER/GUARDIAN EMAIL	FATH		MOTHER/GUARDIAN EMAIL
CELL PHONE	FATHER/GUARDIAN CELL PHONE		FATHER/GUARDIAN BUSINESS PHONE	MOTHER/GUARDIAN CELL PHONE FATH		MOTHER/GUARDIAN BUSINESS PHONE
	PHONE	PHC				ALTERNATE HOME ADDRESS
ZIP CODE	STATE		CITY			HOME STREET ADDRESS
DATE OF BIRTH	NE NE	HOME PHONE		PARENT/GUARDIAN NAME	)RD	RECORD
	RST NAME	STUDENT FIRST NAME		STUDENT LAST NAME	ous High School	Cristo Rey Columbus High School  FMFRGFNCY INFORMATION