



**HOLY FAMILY
PARISH**

3450 Sycamore Drive
Stow, OH 44224-3999

HOLY FAMILY EMERGENCY HEALTH FORM

____/____/____
(date)

(child's name)

(child's name)

(child's name)

(child's name)

(parent's name)

(phone #)

(cell #)

(address)

(city)

(emergency phone #)

I hereby give my permission for my child to receive emergency first aid. In the event parents cannot be reached, please list the hospital and doctor you desire to administer emergency care.

(hospital)

(doctor)

(phone #)

(dentist)

(phone #)

Signature of Parent _____

Allergies: _____

Medications being taken: _____

Physical impairments/other pertinent information: _____
