

# SACRED HEART ACADEMY BRYN MAWR

## Emergency Contact and Medication Permission

**Required for all Students  
at the Start of Each School Year**

\_\_\_\_\_  
Student's Name (please print)                      Date of Birth                      Grade

I (we) understand that in the case of any emergency requiring medical treatment for \_\_\_\_\_, Sacred Heart Academy Bryn Mawr will make every possible effort to reach:

Parent or Guardian \_\_\_\_\_ Telephone \_\_\_\_\_

Parent or Guardian \_\_\_\_\_ Telephone \_\_\_\_\_

Close Relative \_\_\_\_\_ Telephone \_\_\_\_\_

Family Physician \_\_\_\_\_ Telephone \_\_\_\_\_

Insurance Carrier \_\_\_\_\_

Policy Number \_\_\_\_\_

Should none of the above named be within reach, I (we) authorize the school to give consent to whatever immediate treatment is deemed necessary. This consent is given with the understanding that the school will even then try to reach one of the above named until they have succeeded in doing so.

If a specific Rx medication is required during school hours, I (we) shall arrange to have medicine brought to the school office with the specific instructions.

**I do, do not (circle one) authorize the school office to administer:**

Tylenol \_\_\_\_\_ Ibuprofen \_\_\_\_\_

Date: \_\_\_\_\_ Signed: \_\_\_\_\_  
Parent or Guardian