



Our Lady of Lourdes Catholic School

730 San Salvador Dr, Dunedin, FL 34698 (727) 733-3776 | frontdesk@myoll.com | www.myoll.com

Emergency Treatment / Crisis Information 2023-2024

Must be completed by parent or guardian (one per family please). PLEASE PRINT NEATLY!

In the event of a medical emergency or crisis at school, and a parent/guardian cannot be reached, only those you name on this form will be permitted to take responsibility for your child/ren. You are required to notify the school office if any of the following information changes during the school year.

Family Last Name _____ Primary Emergency Phone # _____

Home Address (Street/City/Zip) _____

Mother/Guardian _____ Emergency Phone _____

Email _____ Business Phone _____

Father/Guardian _____ Emergency Phone _____

Email _____ Business Phone _____

Student(s) name(s):

1. _____ Grade _____ Medications/Allergies/Health Issues _____

2. _____ Grade _____ Medications/Allergies/Health Issues _____

3. _____ Grade _____ Medications/Allergies/Health Issues _____

4. _____ Grade _____ Medications/Allergies/Health Issues _____

Physician's Name _____ Phone _____

Dentist's Name _____ Phone _____ Hospital preference _____

Insurance Company covering child/ren _____ Policy# _____

Please list below names of those who will assume responsibility if parent/guardian cannot be reached in an emergency.

Name	Relationship	Cell	Home Phone
Name	Relationship	Cell	Home Phone
Name	Relationship	Cell	Home Phone
Name	Relationship	Cell	Home Phone

STATE OF FLORIDA, COUNTY OF PINELLAS



Signature of Parent/Guardian

Print Name

Date

The foregoing was acknowledged before me on this _____ day of _____ 2023

by _____, who is personally known to me or produced identification.

Signature of Notary

Date