NameNameNameNameNameNameNameNameNameNameNameNameNameNameName	Day Phone	Cell
Name Name Name Name Name Name also be picked up from school by:		
My child/ren may also be picked up from school by: Name		Cell
Name	Day Phone	Cell
T		Cell
Name		Cell
Name	Day Phone	Cell
authorize Sacred Heart School and the Archdiocese of Poletermining emergency care and procedures for my child/assumes no financial obligation for expenses incurred in cransportation.	ren. I also understand	and agree that the Archdiocese
Parent/Guardian Signature		Date
Physician		
Any medical condition that we should be aware of: Other Comments:		
Take my child to nearest hospital in case of emergency		
In case of illness, accident or emergency to the student(s) Sacred Heart School is authorized to contact the following	g (in desired order) if p	parents cannot be reached:
Name		Cell
NameName	=	Cell Cell
	Day I none	
VIy child/ren may also be picked up from school by:		
	Day Phone	Cell
Name	Day Phone Day Phone	Cell Cell
My child/ren may also be picked up from school by: Name Name Name	Day Phone	Cell
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NameName	Day Phone Day Phone ortland and its representen. I also understand earrying out emergency	Cell Cell ntatives to use their judgment in and agree that the Archdiocese procedures and/or emergency Date