Holy Martyrs Ferrahian High School
Սրբոց Նահատակաց Ֆերահեան Երկրորդական Վարժարան

Holy Martyrs Marie Cabayan Elementary School
Սրբոց Նահատակաց Մարի Գապայեան Նախակրթարան

MEDICAL/EMERGENCY DATA CARD

Name of Student:		Grade Level:
Last	First	Middle
Is there any medical information that the school should be aware of about your child? Yes ❑ No ❑		
Medical condition 1:	2:	
Medication 1:	2:	
Allergy 1:	2:	
Family physician name:		Phone:
Family physician address:		
Name of Insurance Carrier:		
Group Number :	Policy Number:	

Medical Release Statement

In the event I cannot be reached, I grant my consent to have emergency medical treatment given to my child by a registered nurse or a licensed physician. During such emergencies, the school may inform the following individuals about the health condition of my child.

Name/Relationship:	Phone No.
Name/Relationship:	Phone No.

Emergency Release Statement

In case of major emergencies such as earthquakes, fire hazards, security threats, etc., if I cannot be reached, the school may release my child to the following individuals:

Name/Relationship:	Phone No.
Name/Relationship:	Phone No.

Safety Statement

I understand that for safety concerns, the Administration has the right to periodically inspect student cars, backpacks, school bags and lockers, and ask students to empty the pockets, take off shoes, and if necessary, temporarily confine the student.

Hold Harmless Statement

I agree to hold the school harmless of any liability resulting from injuries or loss of property caused by my child during any school activity or any school-sponsored function.

Parent/Guardian Name 1:	Signature:	Date:
Cell Phone No.	Home Phone No.	Bus. Phone No.
Parent/Guardian Name 2:	Signature:	Date:
Cell Phone No.	Home Phone No.	Bus. Phone No.