SMS Update & Medical Treatment Form
2018-2019 School Year

Mother First & Last Name | Father First & Last Name | Guardian

Student Address | City | Zip

Mother's e-mail address | Father's e-mail address

Student Home Telephone | Mother Cell | Father Cell

Student First & Last Name	**Birthdate**	**Grade**	Father's Business Name & Telephone
			Mother's Business Name & Telephone
			If parents cannot be reached-Name & Phone

I hereby give Blessed Sacrament authorities permission to give emergency medical treatment for my child(ren) at _____ Hospital in the event that neither parent can be reached.

Daycare Provider-Name & Phone

Signed _____

First Contact for illness _____ at _____
(NAME) (TELEPHONE)

Medical conditions of which the school needs to be aware:

School Directory

We compile a class directory with family and class lists for your convenience. Directories will be available *after* September 23rd. Directories will be e-mailed after requested.