

SMS Update & Medical Treatment Form  
2019-2020 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.