

Bergen Catholic High School Emergency/Illness/Accident Form

Student Name: _____

Student's Graduation Year: _____

Parent/Guardian Name(s): _____

Parent/Guardian Cell

Phone: _____

Parent/Guardian Cell

Phone: _____

Allergies: _____

Medical Condition(s): _____

Permission for student to take generic medication for antacid, pain reliever:

Yes: _____ **No:** _____

Name/Number of Medical Provider: _____

Parent/Guardian Signature: _____