

Bergen Catholic High School Emergency/Illness/Accident Form

Student Name:_____

Student's Graduation Year:_____

Parent/GuardianName(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:_____