

Parents must accompany children into the school to meet with receptionist and hand in the Release/Emergency form.

Date_____ Shadow_____

DePaul Catholic High School

Emergency Information for Visiting Student

Student's Name_____

Address_____

City_____

Home Telephone #_____ Email Address_____

Where parents can be reached between the hours of 8AM – 3PM

Mother_____ Tel._____

Father_____ Tel._____

In case of accident or serious illness, I request the school to contact me. If the school is unable to reach me, I hereby authorize the school to call the Physician indicated below and to follow his instructions. If it is impossible to contact the physician, the school may make whatever arrangements seem necessary.

Signature of parent_____

Remarks_____

Allergies_____

Other conditions_____

Physician's Name_____

Address_____

City_____ Telephone #_____

Please bring with you on your shadow day!