



1145 Delsea Drive
 Westville, NJ
 08093
 Tel: 856.848.4700
 www.adsschool.org

ARCHBISHOP DAMIANO SCHOOL

Making a difference in the lives of our students

EMERGENCY AND MEDICATION FORM
PLEASE UPDATE ON AN AS NEEDED BASIS AND/OR MUST BE COMPLETED YEARLY

Student: _____ Birth date: _____

Address _____
 Street City Zip

» Indicate Who to Call 1st and/or 2nd -- Home Telephone: _____

Father _____ Cell# _____ Work# _____

Mother _____ Cell# _____ Work # _____

Email Address: _____

EMERGENCY CONTACTS

IN CASE PARENT(S) CANNOT BE REACHED, LIST TWO (2) PERSONS WHO HAVE A WORKING TELEPHONE AND ACCESS TO TRANSPORTATION.

1. _____
 Name Address
 Telephone Relationship _____

2. _____
 Name Address
 Telephone Relationship _____

THE FOLLOWING AUTHORIZATION MUST BE SIGNED FOR EXTREME EMERGENCIES

The school is authorized to take most prudent action in an extreme emergency including transportation to the nearest hospital.

I also give my permission for the exchange of information between the school nursing staff and health care provider listed.

Parent/Guardian Signature: _____ Date: _____

MEDICAL CONCERNS: Please complete or note none where applicable

Medical Diagnosis: _____

Allergies: _____
 Medication Food Environment

Corrective or adaptive equipment used such as hearing aid, glasses, wheelchair, etc. _____

Present Medications:

Name: _____ Dose: _____ Times: _____

Name: _____ Dose: _____ Times: _____

Name: _____ Dose: _____ Times: _____

Prescribed by Dr.: _____

Family Doctor: _____ Phone: _____

Address: _____

Specialists:

1. _____ Phone: _____

2. _____ Phone: _____

● *Principal, Michele McCloskey*