HOLY FAMILY SCHOOL
Freeburg, MO 65035
MEDICAL CARE FORM
2023-2024

Student Name: _____
Last First Grade

Birthdate SS#

_____ _____

Parent/Guardian (1st Contact)_____
Address _____ Phone _____
Employment (1)_____ Phone _____
Email: _____ _____

Parent/Guardian (2nd Contact)_____
Address _____ Phone _____
Employment (2)_____ Phone _____
Email: _____

In case of an emergency, illness or accident the school is authorized to contact the individual(s) listed below if a parent cannot be reached.
Name #1 _____ Relationship: _____
Phone _____
Name #2 _____ Relationship: _____
Phone _____

In the event of an emergency (or other disaster) release my child to (Complete if different from above.) _____
Name _____ Relationship: _____
Family Doctor: _____ Phone: _____
Family Dentist: _____ Phone: _____
Hospital: _____ Phone: _____

Health Insurance: Private/Group — Medicaid/MC+ -- No Insurance -- _____
(Circle one)

Financial assistance is available, for those who qualify, for dental and or eve care and immunizations. If you would like more information on this or other health information please contact the principal, school nurse or dial 211 from any phone. 211 is a free telephone number available 24 hours a day and 7 days a week. 211 Specialist will connect you with health and human service resources close to home. (221misouri.org)

Parent Signature: _____ Date: _____

Parent Signature: _____ Date: _____