



ANDREAN HIGH SCHOOL

SHADOW DAY EMERGENCY FORM

Andrean requires "Shadow Students" to complete this form in case of accident or medical emergency. No student may participate in the Shadow Day Program without submitting the following information and obtaining a signature from a parent/guardian.

This form and the Permission Form must be submitted to the Admissions Office one week prior to the visit.

Student's Last Name _____ First Name _____

Home Address _____ City _____ Home Phone Number _____

Student's health information we should be aware of: _____

Parent/Guardian's Name _____

Parent/Guardian's Name _____

Parent/Guardian's Place of Employment _____

Parent/Guardian's Place of Employment _____

Parent/Guardian's Daytime Phone # _____

Parent/Guardian's Daytime Phone # _____

Please provide us the name of a relative; friend or neighbor who will be available in the case of the above parent/guardian cannot be reached in an emergency.

Emergency Contact Person _____ Phone # _____ Relation _____

In case of an emergency, when I cannot be reached by phone, I hereby grant school authorities my permission to seek proper medical attention for my child.

Signature of Parent/Guardian _____ Date _____