



# 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 emailed to the Admissions Office two weeks 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