



SHADOW STUDENT EMERGENCY FORM 2019-2020

Student: _____

Date of Birth: _____

Parent/Guardian: _____

Parent/Guardian Phone: _____

Allergies: _____

Medical/Health Conditions: _____

By signing this document, I give The Catholic High School of Baltimore permission to call 911 as deemed necessary for the health of the student.

Please initial: ____ I give *The Catholic High School of Baltimore* permission to take and use photographs of my child for promotional purposes.

Parent/Guardian Signature: _____ Date: _____

If your child has an inhaler, EpiPen, or other Medication that they may need during their Shadow Day, please enclose a copy of your child's doctor's orders from her current school and bring the medication to the Nurses Office when dropping her off for her Shadow Day. Thank you.