

**St. Mary - St. Augustine Catholic School Emergency Form
School Year 2010-11**

Student Name _____ Grade _____

Birth date _____ Home Phone _____

Home Address _____
(Street Address) (Zip code)

**WHERE PARENTS CAN BE REACHED IF NOT AT HOME:
(Who should be called first? Mother Father Guardian)**

Mother: _____ Work Phone _____

Cell/Pager Phone Numbers _____

E-Mail Address: _____ (Please print.)

Father: _____ Work Phone _____

Cell/Pager Phone Numbers _____

E-Mail Address: _____ (Please print.)

WHO WILL ASSUME TEMPORARY CARE OF YOUR CHILD IF YOU CANNOT BE REACHED:

Name _____ Relationship _____

Address _____ Phone _____

**Please Note: We can only release your child to the individual(s) shown on this form.
Use the back of this paper if additional space is needed for other names.**

GIVE THE NAME(S) OF INDIVIDUAL TO WHOM YOUR CHILD CANNOT BE RELEASED:

Name _____ Relationship _____

I understand that in case of an accident or serious illness, the school will make every attempt to contact the parent(s) or guardian(s) listed above, and if necessary will call the physician listed below. If the school is unable to reach me, the parent/guardian, I hereby authorize the school to call 911 and the school may make whatever arrangements seem necessary. A list of **all** medications taken by my child is on the back of this form. I understand this information is for use by emergency medical personnel only.

Physician's Name _____

Address _____ Phone _____

PLEASE INDICATE IF YOUR CHILD HAS ANY HEALTH RELATED PROBLEMS SUCH AS ALLERGIES, ASTHMA, DIABETES, ETC.

Parent/Guardian Signature

Date

Additional people who can assume temporary care of my child if I cannot be reached:

Name _____ Relationship _____

Address _____ Phone _____

Name _____ Relationship _____

Address _____ Phone _____

Name _____ Relationship _____

Address _____ Phone _____

Additional names of persons to whom my child may NOT be released:

Name _____ Relationship _____

Name _____ Relationship _____

Name _____ Relationship _____

Name _____ Relationship _____

Medications my child takes on a regular basis:

Medication: _____ Taken for _____

Medication: _____ Taken for _____

Medication: _____ Taken for _____

Medication: _____ Taken for _____

Other health related information:
