

Emergency Form (2017-2018)
ONE FORM PER CHILD – KINDERGARTEN THROUGH 8TH GRADE

Student Name: _____ Date of Birth: _____ Grade: _____

Street Address: _____ City: _____ Zip: _____

FAMILY CONTACT INFORMATION *(Please selected preferred number in an EMERGENCY):*

MOTHER/ GUARDIAN

FATHER/ GUARDIAN

First Name: _____

First Name: _____

Last Name: _____

Last Name: _____

Cell phone: _____ Preferred

Cell phone: _____ Preferred

Home phone: _____ Preferred

Home phone: _____ Preferred

Business phone: _____ Preferred

Business phone: _____ Preferred

OTHER EMERGENCY CONTACT INFORMATION *(Other than parent):*

Name: _____ Phone: _____

Name: _____ Phone: _____

SPECIAL CUSTODIAN ARRANGEMENTS _____

Court Papers in School Office? No Yes

HEALTH/ MEDICAL INFORMATION

Physician: _____ Phone: _____

Hospital Preference: _____

Does your child have any health problems or allergies? No Yes

If yes, please explain: _____

Will these problems affect your child's participation in P. E. and/or recess activities? No Yes

Is your child on any regular medication? No Yes

If yes, please list the name of medicine(s): _____

Please list any health problems for this student here: _____

(OVER)

TRANSPORTATION INFORMATION

How will your child usually get to school? _____

How will your child usually go home from school? _____

If your child rides, who is the usual driver? _____

Please list with whom your child is allowed to leave the school premises:

Name: _____ Relationship: _____

Name: _____ Relationship: _____

Name: _____ Relationship: _____

MEDICAL RELEASE

In order to meet all legal requirements, I hereby authorize representatives of John Paul II Catholic School to give consent for any and all necessary medical care for my child, _____, while said child is in the care of said facility beginning on _____. In case of the need for emergency treatment, this form may be released to the emergency room staff.

Parent/Guardian signature: _____ Date: _____