

EMERGENCY INFORMATION

2011-2012

THE FOLLOWING INFORMATION IS NECESSARY FOR OUR RECORDS

STUDENT'S(S) NAME(S) (*PLEASE PRINT*) _____

PARENTS' FIRST & LAST NAMES (*PLEASE PRINT*) _____

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VEHICLE INFORMATION:

Vehicle Make: _____ Vehicle Model: _____ Vehicle License #: _____

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IN CASE OF EMERGENCY AND PARENT CANNOT BE REACHED, PLEASE CALL:

Name: _____ Phone: _____ Relationship: _____

Name: _____ Phone: _____ Relationship: _____

Name: _____ Phone: _____ Relationship: _____

Family Doctor: _____ Phone: _____

Allergies or Medical Problems: _____

Current Medication(s): _____

Insurance Co.: _____ Policy #: _____

NON-EMERGENCY PEOPLE AUTHORIZED to pick up my child(ren):

Name: _____ Phone: _____ Relationship: _____

Name: _____ Phone: _____ Relationship: _____

Name: _____ Phone: _____ Relationship: _____

AUTHORIZATIONS — WE AGREE TO THE FOLLOWING CHECKED ITEMS:

In case of an accident or injury involving my child(ren), I/we authorize the school to take whatever measures are necessary when I cannot be reached.

I/We give the Principal permission to inform the following people that my child(ren), _____ (and _____), has/have the above mentioned allergy or medical problem:

both school secretaries (who manage the school health room)

my child(ren)'s classroom teacher(s) and the classroom instructional assistant(s) (grades K-1)

all of my child(ren)'s specialty teachers (Counselor, Resource Room, Music, PE and PE Instructional Assistant, Computer, Library, gr. 4-5 Science Teacher, or gr. 4-5 Adv. Math Teacher):

any school staff who are assigned to lunch or recess duty

(others) _____

I/We give permission for my child(ren) to swim in the school pool.

AGREEMENT

We certify that all of the above responses are accurate and complete to the best of our knowledge, as of the date indicated below. In addition, we agree to uphold the standards of the school, and to have our child(ren) comply with school regulations and policies as outlined in the Parent/Student Handbook. We agree to be positive, active participants with our child(ren) as part of the Valley Catholic Elementary School community.

Father/Guardian Signature: _____ Date: _____

Mother/Guardian Signature: _____ Date: _____

Please keep us updated and informed of any changes in this information.