



EMERGENCY & STUDENT INFORMATION 2011-2012

THE FOLLOWING INFORMATION IS NECESSARY FOR OUR RECORDS

STUDENT NAME _____ DATE OF BIRTH _____ GRADE _____

PARENTS' FIRST & LAST NAMES _____

MOTHER'S ADDRESS _____

FATHER'S ADDRESS _____

MOTHER'S HOME PHONE: _____ CELL: _____ WORK: _____

FATHER'S HOME PHONE: _____ CELL: _____ WORK: _____

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

Name: _____ Phone: _____ Relationship: _____

Name: _____ Phone: _____ Relationship: _____

Family Doctor: _____ Phone: _____

Allergies, Vision, Hearing or other Medical Problems: _____

- Please explain: _____

Current Medication(s): _____

Insurance Co.: _____ Policy #: _____

IF YOUR STUDENT WILL DRIVE A CAR ON CAMPUS, PLEASE PROVIDE THE FOLLOWING INFORMATION:

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

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AUTHORIZATION — WE AGREE TO THE FOLLOWING:

IN CASE OF AN ACCIDENT, ILLNESS OR INJURY INVOLVING MY CHILD(REN), I/WE AUTHORIZE THE SCHOOL TO TAKE WHATEVER MEASURES ARE NECESSARY WHEN I/WE CANNOT BE REACHED.

PLEASE CHECK ONE:

In the event of an emergency or natural disaster that forces closure of the VCS Facilities, my child may come home without further authorization.

In the event of an emergency or natural disaster that forces closure of the VCS facilities, my child must remain in the supervision of the VCS staff until I or an authorized emergency contact can arrive at the school.

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 SCHOOL COMMUNITY.

Father/Guardian Signature: _____ Date: _____

Mother/Guardian Signature: _____ Date: _____

OVER



PLEASE KEEP US UPDATED AND INFORMED OF ANY CHANGES IN THIS INFORMATION

PLEASE ATTACH A SEPARATE SHEET IF NEEDED

Has your student ever been referred to special education, or been diagnosed as having special learning needs?

No Yes/Explain _____

Does the student have a documented history of behavioral/emotional problems?

No Yes/Explain _____

Has the student undergone cognitive (psychological) testing?

No Yes/Explain _____

Has other testing been done (e.g. speech/language, fine/gross motor skills, etc)?

No Yes/Explain _____

Is there any additional information about the student's learning or behavioral needs which the school should know?

Please Explain _____

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