

## EMERGENCY & STUDENT INFORMATION 2010-2011

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: \_\_\_\_\_

\* \* \*

**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 #: \_\_\_\_\_

Vehicle Make: \_\_\_\_\_ Vehicle Model: \_\_\_\_\_ Vehicle License #: \_\_\_\_\_

\* \* \*

**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: \_\_\_\_\_



**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** \_\_\_\_\_

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