

**SAINT PATRICK PARISH SCHOOL
EMERGENCY CONTACT/ RELEASE FROM SCHOOL FORM**

Student's Name: (Last) (First) (Home Address) (Home Phone) (Grade)

Emergency Contact Information: Occasionally an accident or extreme illness of a student makes it necessary for school personnel to contact the parent to get permission for emergency referral. Additional data is needed in case of such emergency. The legal responsibility for medical and transportation expenses incurred on behalf of your child is a parental one. *Please list Cell, Pager, or any other alternate number.*

(Father's Name) (Place of employment) (Position) (Cell Phone)

(Mother's Name) (Place of Employment) (Position) (Cell Phone)

Household email: _____

IF PARENT CANNOT BE REACHED, WHOM SHOULD THE SCHOOL CONTACT IN CASE OF EMERGENCY?

First Contact: (Name) (Relationship to Student) (Address) (Phone)

Second Contact: (Name) (Relationship to Student) (Address) (Phone)

Third Contact: (Name) (Relationship to Student) (Address) (Phone)

STUDENT HEALTH DATA (ALLERGIES) WHICH SHOULD BE KNOWN IN AN EMERGENCY:

Doctor: (Name) (Address) (Phone)

Dentist: (Name) (Address) (Phone)

Insurance: (Name) (Primary Owner) (Policy Number) (Phone)

RELEASE OF STUDENT FROM SCHOOL INFORMATION: List below those persons authorized to attain your child from school during or after school hours. This information is the responsibility of the Parent, to maintain current and accurate. Please review this information periodically and update when necessary. If any person previously listed on your file is no longer authorized, notify the school in writing. Keep in mind, St. Patrick School Administration, must receive a written authorization in any event.

Authorized Person: (Name) (Relationship to Student) (Phone)

Authorized Person: (Name) (Relationship to Student) (Phone)

Authorized Person: (Name) (Relationship to Student) (Phone)

PARENT'S SIGNATURE _____ **DATE** _____

PLEASE PRINT NAME _____