

Saint Joseph School
EMERGENCY FORM
2017-2018

Child(ren) _____ Date of Birth _____ Grade _____

***If there are any changes to this sheet throughout the school year, please notify the school.**

Children reside with: father mother both parents

PARENT: _____

PARENT: _____

Address _____

Address _____

City, State, Zip _____

City, State, Zip _____

Work Phone _____

Work Phone _____

Cell Phone _____

Cell Phone _____

Please list THREE emergency contacts, other than the names listed above:

1. _____ relationship _____ phone: _____

2. _____ relationship _____ phone: _____

3. _____ relationship _____ phone: _____

In case of an accident, or serious illness, I request the school to contact me. If the school is unable to reach me, I authorize the school to call the physician below and to follow his or her instructions. If it is impossible to contact the physician, the school may make whatever arrangements necessary to help my child.

Physician's Name: _____ Phone: _____

Parent/Guardian Signature: _____ Date: _____

Special Instructions:

Please list any medical problems or allergies:

My child's regular arrival and dismissal routine will be as follows:

Arrival:

Bus # _____

Parent drop off

Dismissal:

Bus #

Parent pick up

In the event of early dismissal due to inclement weather, my child:

Will ride the bus home

Will be parent pick up

I understand that on days when there is inclement weather, after school care is not provided. I understand that I must provide a written note, either via e-mail to the Secretary, or a note to the teacher if my child's dismissal routine will be different. As a courtesy, I will contact the office prior to noon to notify the office of any changes. I understand that my child may not ride home on any bus other than his or her own.

Parent signature: _____