

**Saint John the Baptist School
School Emergency/Consent Form
2018-2019**

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STUDENTS LAST NAME: _____ / _____

(LAST NAME ONLY.... if siblings have different last names please list both last names)

IF CHANGE OF ADDRESS OR PHONE, PLEASE CHECK

Student(s) Address: _____ Home Phone: _____

<u>Child's Name</u>	<u>Date of Birth</u>	<u>Homeroom</u>
_____	____/____/____	_____
_____	____/____/____	_____
_____	____/____/____	_____
_____	____/____/____	_____

Father's Name: _____ Home Phone: _____
Address: _____ Cell Phone: _____
_____ Email: _____
Workplace: _____ Work Phone: _____

Mother's Name: _____ Home Phone: _____
Address: _____ Cell Phone: _____
_____ Email: _____
Workplace: _____ Work Phone: _____

Person(s) having legal custody of student _____

Is any person legally prevented from having contact with student? Yes____ No____

IF YES, MUST ATTACH A COURT DOCUMENT

Transportation: Walk _____ Car _____ Bus _____

OVER

Persons to contact in emergency, or release your child to, if parent/guardian cannot be reached

1. Name: _____
Relationship: _____
Phone: _____

2. Name: _____
Relationship: _____
Phone: _____

3. Name: _____
Relationship: _____
Phone: _____

Physician: _____

Address: _____ **Phone:** _____

Dentist: _____

Address: _____ **Phone:** _____

Health Insurance _____

Please list any known medical conditions: _____

Please list any known allergies: _____

Permission to Treat and Transport

During the school year, I give the school nurse permission to treat my child. In the case of an accident or serious illness, I request the school contact me. If the school is unable to reach me, immediately, I authorize the school to initiate emergency medical treatment, and to activate the Emergency Medical System to continue emergency care and to transport my child to the nearest hospital. I also authorize contacting and releasing of medical information to my child's (children's) teacher (s), my child (ren's) doctor, dentist, and/or the Emergency Department receiving my child, as necessary.

PARENT'S SIGNATURE: _____ Date _____

**PLEASE RETURN THIS ON OR BEFORE THE FIRST DAY OF SCHOOL.
THIS INFORMATION IS VERY IMPORTANT TO HAVE BEGINNING THE FIRST DAY!!**