

**School Emergency Information** Student's grade \_\_\_\_\_ Teacher \_\_\_\_\_ **2018-2019**  
**Please Print**

**Child** \_\_\_\_\_ Female / Male

Birth day \_\_\_\_\_ Height \_\_\_\_\_ Weight \_\_\_\_\_ Hair Color \_\_\_\_\_ Eye Color \_\_\_\_\_

Mother's Name \_\_\_\_\_ Address \_\_\_\_\_ City \_\_\_\_\_ Zip \_\_\_\_\_

Father's Name \_\_\_\_\_ Address \_\_\_\_\_ City \_\_\_\_\_ Zip \_\_\_\_\_

Please indicate legal relationship to child. Parent/Guardian should inform us immediately of any changes in phone numbers or addresses. (If you have a preference of number to call first please indicate.)



**Mother / Stepmother / Guardian** (circle) **Father / Stepfather / Guardian**

<b>Name</b>	<b>Name</b>
<b>Home #</b>	<b>Home #</b>
<b>Work #</b>	<b>Work #</b>
<b>Cell #</b>	<b>Cell #</b>
<b>E-mail</b>	<b>E-mail</b>
<b>Occupation and Work Company:</b>	<b>Occupation and Work Company:</b>

**If in an emergency, neither parent/guardian can be reached, call:**

Name \_\_\_\_\_ Relationship \_\_\_\_\_  
 Home # \_\_\_\_\_ Work # \_\_\_\_\_  
 Address \_\_\_\_\_

**Doctor** \_\_\_\_\_ Insurance Company \_\_\_\_\_  
 Phone # \_\_\_\_\_ Policy # \_\_\_\_\_  
 Address \_\_\_\_\_

**Dentist** \_\_\_\_\_ Insurance Company \_\_\_\_\_  
 Phone # \_\_\_\_\_ Policy # \_\_\_\_\_  
 Address \_\_\_\_\_

Please state any health problems, medications your child takes on a regular basis, allergies or health concerns you child may have. \_\_\_\_\_

Allergies to medications: \_\_\_\_\_

Activity restrictions: \_\_\_\_\_

**HOSPITAL CHOICE IN CASE OF AN EMERGENCY** \_\_\_\_\_

\*Notre Dame staff will call 911 in an emergency. If a hospital is not listed on this emergency information form, paramedics will decide to which hospital your child will be transported. In case of serious or life threatening

emergencies, paramedics may select another hospital other than that listed above. It is understood that in all cases requiring ambulatory transport and/or medical attention the ELC, Notre Dame School, Archdiocese, or the person responsible for obtaining this medical aid will not be responsible for expenses incurred. All expenses for medical or ambulatory care will be the responsibility of the students' parent or guardian.

**Authorization to Pick Up**

Please list all that are **allowed** to pick up your child including older siblings from Notre Dame School and Day Care. It is necessary for Parents / Guardians to be listed or have signed below.

If possible, please use only those people you have listed on this permission form to pick up your child. Please send a note or call if someone other than those listed will be picking up your child. Photo identification will be required.

\_\_\_\_\_ Home Phone # \_\_\_\_\_

Relationship \_\_\_\_\_ Work Phone # \_\_\_\_\_

\_\_\_\_\_ Home Phone # \_\_\_\_\_

Relationship \_\_\_\_\_ Work Phone # \_\_\_\_\_

\_\_\_\_\_ Home Phone # \_\_\_\_\_

Relationship \_\_\_\_\_ Work Phone # \_\_\_\_\_

\_\_\_\_\_ Home Phone # \_\_\_\_\_

Relationship \_\_\_\_\_ Work Phone # \_\_\_\_\_

**The following persons are NOT allowed to pick my child up from Notre Dame.**

\_\_\_\_\_  
\_\_\_\_\_

**Please note that Notre Dame School and Early Learning Center cannot refuse to release a child to a parent unless a court order, signed and dated by a judge, is on file in our office.**

\*The staff has my permission to sign my child out of the Early Learning Center to attend class and into the Early Learning Center for after school child care.

\*My child may be released after school hours to attend onsite sporting events and/or participate in extra curricular activities for which I have registered him/her. Please let us know when your child will be participating.

\*I authorize my child to check him/herself into and out of the Before/After school child care.



\_\_\_\_\_  
**Mother / Guardian Signature    Date                      Father / Guardian Signature                      Date**