

John F. Kennedy Catholic School Information/Emergency Sheet

Family Last Name: _____

First Names and Grade for 2021-2022:

Public School District/Building: _____

Address: _____

Email: _____

Father's Name: _____ Cell Phone: _____

Place of Employment: _____ Work #: _____

Mother's Name: _____ Cell Phone: _____

Place of Employment: _____ Work #: _____

Do any of your child(ren) have a medical condition? Yes _____ No _____

Write child(ren) name(s) next to the condition: Severe Allergy (that requires medical attention)

Asthma _____ ADD _____

Seizures _____ Behavioral/Emotional _____

Other _____

Medications: _____

As the care and treatment of any child is primarily the responsibility of the parent, every effort will be made to contact you first. Please list 2 emergency contacts who may pick up your child(ren) during school hours.

Name: _____ Relationship _____ Phone: _____

Name: _____ Relationship _____ Phone: _____

If neither parent/guardian can be contacted in the case of a serious injury, or illness, I hereby authorize John F. Kennedy Catholic School to act as an agent to secure emergency transportation for my child(ren) for whom I am responsible. I hereby agree to hold John F. Kennedy Catholic School and its representatives harmless for exercising judgement in authorizing transportation of my child.

Parent/Guardian Signature: _____