2018-2019 ASSUMPTION PARISH SCHOOL'S FAMILY INFORMATION FORM

FAMILY NAME:____

Child's Name: ________________________ Gr: ___ DOB: _________

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PREFERENCE ON WHICH PARENT TO CALL FIRST: M:___ F:___

Mother's Name:____

Address:____

Email Address: ____

Home Phone:____

Cell Phone: ____

Employer:____

Work Phone:____

Father's Name:____

Address*:____

Email Address:____

Home Phone*:____

Cell Phone: ____

Employer:____

Work Phone:____

**If different than mother's information*

MARITAL STATUS OF PARENTS:
____Married ____Divorced ____Single ____Remarried ____Widowed

If divorced, do parents have joint custody: Yes _____ No _____

If no, name of parent who has primary legal custody: ____________________

Date of most recent custodial decree or parenting plan: ____________________

Please list everyone who is approved to assume responsibility for your child(ren) in the event of illness/weather/emergency during your absence.

Name:______________________________Phone: ________________________

Relationship:__________________ Phone: ________________________

Name:______________________________Phone: ________________________

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Relationship:__________________ Phone:________________________

Name:______________________________Phone: ________________________

Relationship:__________________ Phone: ________________________

Name:______________________________Phone :________________________

Relationship:__________________ Phone:________________________

Name:______________________________Phone:________________________

Relationship:__________________Phone:________________________

Days attending **ASAP - AM** (Please circle days): M T W TH F
Days attending **ASAP - PM** (Please circle days): M T W TH F

Physician's Full Name:____

Phone:___________________________________ *See back for additional medical information.*

EMERGENCY CARE PROCEDURE

In case of critical emergency, the parent or guardian will be contacted first, if possible. The privilege of contacting your family physician will be used only when the parent cannot be reached. If we are unable to contact the parent, the emergency ambulance service will be utilized. This service provides emergency care and transportation, free of charge, to St. Anthony's Medical Center for schools in the Mehlville Fire District.

If we cannot be reached, and in the event of an emergency, we give consent for the school to obtain such medical care as deemed necessary for the welfare of my child(ren).

____

Signature of Parent or Guardian Date

Child's Name: ____

Please check if your child has any of the following:
(All information will remain confidential)

____ADD/ADHD ____Allergies ____Asthma ____Diabetes

____Heart Problems ____Seizure Disorder____ Recurring Illness

____Other (please list below) ____Life-threatening Condition

____Taking medication(s) ****Please list, even if only taking at home, this will be needed in case of EMS transport:*** ____

____

Please explain areas checked:

____

____

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Please explain areas checked:

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