

EMERGENCY INFORMATION/AUTHORIZATION

ST. JOSEPH SCHOOL

Please print neatly and return by the 1st day of school.

FAMILY NAME: _____

ADDRESS: _____

Bus District: _____

Confidential Telephone Tree Information

List by Name Children in St. Joseph School	M/F	Date of Birth	Grade	Teacher	Bus No.

In case of illness, injury, or an emergency school closing, use the following priority to contact a parent/guardian or alternate adult. I also grant the school permission to release my child/ren to the alternate named adults (from school, from ASC or in an emergency).

Who to call first? Please list in order the priority for office/nurse/ASC to use in contacting parents and guardians.				
Parent/Guardian/Alternate Adults	Relationship	Home Telephone	Work Telephone	Cell Phone
1				
2				
3				
4				

Confidential to School Office/Nurse/ASC

	Name	Address	Telephone
Father/Guardian:			Home: Cell:
	Business Name: Occupation:		Office: Pager:
Mother/Guardian:			Home: Cell:
	Business Name: Occupation:		Office Pager:

In a medical emergency, when you cannot reach a guardian, I authorize the school to call:

Name	Address	Telephone
Doctor's Name:		
Dentist's Name:		
Medical Insurance Carrier:	ID:	

If none of the above can be reached, please call our available licensed physician or dentist, or take my child to the nearest emergency room by ambulance, if necessary. I realize that the School/District cannot assume responsibility for the payment of medical fees or expenses incurred.

- My child/ren has no condition(s) which requires special awareness (including allergies) – or see back
- Listed on the back of this form are any conditions regarding my child/ren which requires awareness during an emergency (including allergies, asthma, diabetes, seizures, attention deficient, depression/psychiatric conditions, other).

Parent/Guardian Signature: _____ Date: _____

Over →

