

**Student Emergency Form
2021-2022**

Child's Name _____ Grade _____

Class schedule: Day _____ Time _____

Please list the order in which you would like us to contact you in case of an emergency.

	NAME	PHONE #	RELATIONSHIP to Child
1.	_____	_____	_____
2.	_____	_____	_____
3.	_____	_____	_____

In order to provide your child with the best education possible, we must know ahead of time if the child has any special conditions.

Condition	Explanation	Office use
Allergies		
Learning disability		
Physical		
Health		
Other condition		

1) I give permission to have my child/ren treated with minor first aid and/or by the paramedics if needed.

2) In the event of an earthquake or catastrophic event, check one:

Yes ___ No ___ **Hold the student at the Religious Education Office.**

Yes ___ No ___ **Dismiss with any of the above adult (s).**

Parent/Guardian Signature _____ **Date:** _____