

PRINCE OF PEACE CATHOLIC SCHOOL
EMERGENCY & ILLNESS INFORMATION
2009 -2010

IMPORTANT – PLEASE RETURN FIRST DAY OF SCHOOL
INFORM OFFICE IMMEDIATELY IF ANY INFORMATION CHANGES
(PLEASE PRINT ENTIRE FORM)

Student's Name _____ Grade _____ Date of Birth _____

Mother's Name _____

Mother's Address _____ Phone _____

Father's Name _____

Father's Address _____ Phone _____

Father's Cell phone _____ Mother's Cell phone _____

Place of Work _____ Working _____

Father _____ hours _____ Bus. Phone _____

Mother _____ Working _____

hours _____ Bus. Phone _____

Person to contact if parents are not available. **Please list local contacts only. This must be filled out.**

Name _____ Relationship _____ Phone _____

Name _____ Relationship _____ Phone _____

In case of emergency, take my child to hospital. Hospital preference _____

Does your child have unusual health conditions? Yes No

If YES, please indicate:

- | | | |
|--|--|--|
| <input type="checkbox"/> Asthma | <input type="checkbox"/> Internal Irregularities | <input type="checkbox"/> Physical handicap |
| <input type="checkbox"/> Kidney/Bladder | <input type="checkbox"/> Hearing Impairment | <input type="checkbox"/> Visual Impairment |
| <input type="checkbox"/> Fractures | <input type="checkbox"/> Heart | <input type="checkbox"/> Wears Glasses |
| <input type="checkbox"/> Bee Sting Allergy | <input type="checkbox"/> Seizures | <input type="checkbox"/> Diabetes |
| <input type="checkbox"/> Other Allergy _____ | | |

Other Conditions _____

Family Doctor _____ Office Phone _____

Address _____

Family Dentist _____ Office Phone _____

Address _____

My child rides _____ the bus _____ transported by car

If emergency treatment is required, and the parent or legal guardian cannot be reached immediately, your signature in the space provided below empowers the school authorities to exercise their own judgment in calling the physician indicated above, or if not available, to transport the child to a hospital emergency room. Likewise, your signature below authorizes the release of medical records pertinent to such an emergency room visit, as the school may require for its files. This is a general authorization and is not sufficient for the release of confidential information protected by Federal Law.

Parent Signature _____ Date _____

PLEASE FILL OUT BACKSIDE OF THIS FORM, THANK YOU

WEATHER EMERGENCY 2009-2010

Should a weather emergency arise at Prince of Peace Catholic School, I authorize the following emergency plan:

_____ Regular transportation on the school bus (If I am not home a neighbor will be alerted to watch for my child.) If you check this line, your student will be sent home on the bus unless we receive a phone call stating otherwise.

OR

_____ I will pick up my child in the event of a weather emergency. The following people also have permission to transport my child/children if I am not available. Please list at least three people, babysitter/neighbor/relative/etc.

1. _____
Name Phone # Cell #

Relationship to student

2. _____
Name Phone # Cell #

Relationship to student

3. _____
Name Phone # Cell #

Relationship to student

Child's Name _____ Grade _____

Family Name _____ Date _____

Parent/Guardian Signature _____

Phone _____ Cell _____

If an emergency occurs we will do a bulk email first. Please list email address below.

Email _____

I hereby give my permission for Prince of Peace School to list our name, address and phone number in the school directory that all families will receive. _____ Yes _____ No (please check one)