

Student's Name _____ Grade _____

My child has the following health problems and/or allergies: _____

In case of an accident or serious illness, I request the school to contact me. If the school is unable to reach me, I hereby authorize the school to call the physician indicated below and to follow his/her instructions. If it is not possible to contact this physician, the school will make whatever arrangements seem necessary.

Local Physician _____ Phone # _____

Local Dentist _____ Phone# _____

EMERGENCY DISMISSAL PROCEDURE

My child is to follow these directions:

Bus # _____ Bus Transportation WILL be provided

Parent Please Initial

_____ - Take the Bus and report to _____ Phone _____

_____ - Car Rider Other than Parent _____ Phone _____

Other than Parent _____ Phone _____

_____ - I understand CARES will be CLOSED during EMERGENCY DISMISSAL.

_____ - My Child has permission to be transported during the school day between the Primary School & Middle School (for joint activities).

Directions to your home: (From Sellersville) _____ (From Hilltown) _____

Directions: _____

Parent Signature _____ Date _____

Parent Signature _____ Date _____

Original – Hilltown Blue Copy – Sellersville Yellow Copy – Teacher Green Copy - Parents

SAINT AGNES-SACRED HEART SCHOOL EMERGENCY INFORMATION 2010-2011 Grade _____

Last Name _____ First _____

Sex _____ Parish _____ Birth date _____

Address _____

Tax District _____ Home Phone _____

City _____ State _____ Zip _____

Health Problems _____

WHERE PARENTS or GUARDIANS CAN BE REACHED IF NOT AT HOME?

MOTHER NAME _____

FATHER NAME _____

Employer _____ WorkPhone _____

Employer _____ WorkPhone _____

Work days/hours _____ CellPhone _____

Work days/hours _____ CellPhone _____

Mom e-mail _____

Dad e-mail _____

In case of an emergency: If parents are not available, list 2 persons WITH TRANSPORTATION who will be willing and available to assume temporary care of your child. Please make sure these people know that you have used their name and phone number for an emergency number. Your child will not be released to anyone who is not listed on this card. Prior written notification by the parent/guardian is required for your child to be released to anyone else.

Release to _____ Relationship _____ Phone _____

Release to _____ Relationship _____ Phone _____