

**Star of the Sea Catholic School
EMERGENCY FORM**

Child's Name: _____ Nickname (if any): _____

Address: _____

City: _____ State: _____ Zip: _____

Home Phone: _____ Sex: _____ Age: _____ DOB: _____

School attending: Star of the Sea School Grade: _____

Any Chronic Physical Problems, Pertinent Development Information, Special Accommodation Needs?

PARENT(S)/GUARDIAN(S)

Mother's Name: _____ Cell phone/pager: _____

Address: _____ City: _____ Zip: _____

Home phone: _____ Work phone: _____

Home Email: _____ Work Email: _____

Employer Name/Address: _____

Father's Name: _____ Cell phone/pager: _____

Address: _____ City: _____ Zip: _____

Home phone: _____ Work phone: _____

Home Email: _____ Work Email: _____

Employer Name/Address: _____

EMERGENCY INFORMATION

Doctor's Name: _____ Phone: _____

Name of Medical Insurance Company: _____ Policy Number: _____

Emergency names, addresses and phone numbers of two people in the event that we can not reach either parent.

1. Name: _____ Relation: _____

Work Phone: _____ Home Phone: _____ Cell Phone: _____

Address: _____

2. Name: _____ Relation: _____

Work Phone: _____ Home Phone: _____ Cell Phone: _____

Address: _____

Person(s) Authorized to Pick Up Child: _____

Person(s) **NOT** Authorized to Pick Up Child*: _____

School and Child Care Centers previously attended: _____

Are there any special needs, medical conditions, birth marks, and/or allergies that we should be aware of? _____

What are the symptoms and action to be taken if any? _____

* Appropriate paperwork such as custody papers shall be attached if a parent is not allowed to pick up the child.

* **NOTE: Section 22.1-4.3 of the Code of Virginia states that unless a court order has been issued to the contrary, the noncustodial parent of a student enrolled in a school or day care center must be included, upon the request of such noncustodial parent, as an emergency contact for events occurring during school or day care activities.**

AGREEMENTS

1. Star of the Sea School agrees to notify the parent(s)/guardian(s) whenever the child becomes ill. The parent(s)/guardian(s) agree to pick up the child within 30 minutes of receiving the call that your child is ill. (A temperature of over 101 degree, recurrent vomiting/diarrhea or a communicable disease would require exclusion from Star of the Sea School.)
2. The parent/guardian authorizes Star of the Sea School to obtain immediate medical care if any emergency occurs when she/he cannot be located immediately. If you object to this agreement, please provide statement as to why.
3. The parent(s)/guardian(s) agree to inform the Star of the Sea School within 24 hours or the next business day if their child or any other immediate household member had developed a reportable communicable disease, as defined by the State Board of Health, except for life threatening diseases which must be reported within 24 hours. (Communicable disease reference chart attached.)
4. It is against school policy for my child to bring medication of any kind to school without written permission from a physician and parent. This includes cough drops, Tylenol, aspirin, cough syrup or prescriptions of any kind. Medication will only be given to my child with the written order of a physician/ dentist and parent.

By signing below, you are authorizing all the above.

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

To comply with our Emergency Preparedness Plan, please list the name(s) of adult(s) authorized to pick up your student in the instance of an event covered under the Emergency Preparedness Plan should you not be available to pick up your student.

Name(s):	Relationship to Student:
_____	_____
_____	_____
_____	_____
_____	_____

FOR EXTENDED CARE OFFICE USE ONLY
IDENTITY VERIFICATION

If proof of identity is required and a copy is not kept, please fill out the following.

Place of Birth	Birth Date	Birth Certificate Number	Date Issued
Other Form of Proof		Date Documentation Viewed	Viewed By

Date of Notification of Local Law-Enforcement Agency (when required proof of identity is not provided): _____ Date

Proof of the child's identity and age may include a certified copy of the child's birth certificate, birth registration card, notification of birth (hospital, physician, or midwife record), passport, copy of the placement agreement or other proof of the child's identity from a child placing agency (foster care and adoption agencies), record from a public school in Virginia, certification by a principal or his designee of a public school in the U.S. that a certified copy of the child's birth record was previously presented or copy of the entrustment agreement conferring temporary legal custody of a child to an independent foster parent. Viewing the child's proof of identity is not necessary when the child attends a public school in Virginia and the center assumes responsibility for the child directly from the school (i.e., after school program) or the center transfer responsibility of the child directly to the school (i.e., before school program). While programs are not required to keep the proof of the child's identity, documentation of viewing this information must be maintained for each child.

Extended Care Director Signature: _____ **Date:** _____

Date Child Entered Care: _____ **Date Child Left Care:** _____