

Be sure to read and sign
the back of this form

Star of the Sea Catholic School

EMERGENCY FORM

(No Line may be left empty)

Child's Name _____ Child's Grade: _____

Teacher: _____

Nickname (if any): _____ Sex: _____ Age: _____ DOB: _____

Address: _____

City: _____ State: _____ Zip: _____

Best Phone Number: _____

School Attending: Star of the Sea Catholic School

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

Parent(S)/Guardian(s)

Parent one:

Name: _____ Cell phone: _____

Address: (if different from child) _____

City, State, Zip _____

Email: _____ Work Email: _____

Employer Name/Address: _____

Parent/Guardian two:

Name: _____ Cell Phone: _____

Address: (If different from child) _____

City, State, Zip _____

Email: _____ Work Email: _____

Employer Name/Address: _____

EMERGENCY INFORMATION

Doctor's Name _____ Phone: _____

Insurance Company: _____ Policy Number: _____

Emergency names, addresses and phone numbers of TWO people if we cannot reach either Parent/Guardian:

Contact One: _____ Relationship: _____ Phone: _____

Address: _____

Contact Two: _____ Relationship: _____ Phone: _____

Address: _____

Are there any special needs, medical conditions, birthmarks, and or allergies that we should be aware of?

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

Please list all Medications your child takes:

Persons NOT Authorized to Pick up Child:

Persons Authorized to pick up Child:

1. _____	7. _____
2. _____	8. _____
3. _____	9. _____
4. _____	10. _____
5. _____	11. _____
6. _____	12. _____

- 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) wherever 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 degrees, 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 a 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 _____

THE FOLLOWING SECTION MUST BE COMPLETED:

To comply with our Emergency Preparedness Plan should you not be available to pick up your student.

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