

**ST. MARY'S SCHOOL
STUDENT EMERGENCY RELEASE FORM
2015-2016**

NAME OF CHILD BIRTHDATE GRADE MEDICAL ALLERGIES

PARENT'S NAME _____ **HOME PHONE** _____

MOTHER'S WORK PLACE _____ **WORK PHONE** _____ **CELL PHONE** _____

FATHER'S WORK PLACE _____ **WORK PHONE** _____ **CELL PHONE** _____

Email address: _____

Emergency names should be someone to whom we may release your child in the event of an illness or an emergency, and neither parent can be reached. Please do not put your own name or phone number in these spaces.

EMERGENCY CONTACT #1 _____ **EMERGENCY PHONE** _____

EMERGENCY CONTACT #2 _____ **EMERGENCY PHONE** _____

PHYSICIAN'S NAME _____ **PHONE NUMBER** _____

Please list any health conditions that your child(ren) may have that the staff of St. Mary's School should be aware of:

Please list any medication your child(ren) takes on a regular (seasonal) basis: _____

In case of school dismissing early due to bad weather etc, and you can not be reached, please list where your child should go. (Please discuss this with your child so they will know what to do if this happens.) _____

Parent Consent: During the 2015-2016 school year, your child may have an accident or become ill. In case of an emergency, we shall attempt to notify the parents first. If neither the parents nor the emergency contact person names above can be contacted, the school officials are hereby authorized to take the emergency action necessary to assure the health of the student.

Parent Signature _____

Date _____