

ST. LUKE CHURCH PARISH SCHOOL of RELIGION

Office Phone: 521-0900

EMERGENCY NOTIFICATION AND MAILING LIST INFORMATION

In order to notify parents/guardians in the case of an emergency or absence and to update our mailing list, please fill this out return it with your child to the next PSR class.

If you have more than one child in the PSR program, just send this in with the OLDEST child. Thank you.

CHILD'S NAME: _____
Last First

MOTHER'S NAME: _____
Maiden First

ADDRESS: _____

TELEPHONE: _____
Home Cell

FATHER'S NAME: _____
Last First

ADDRESS: _____

TELEPHONE: _____
Home Cell

E-MAIL ADDRESS: _____

ALSO SEND MAIL TO:

Name: _____

Address: _____

City: _____

Relationship to Child: _____

ADDITIONAL CHILD (REN):

Please list the additional
Children and grade. _____

WHO IS AUTHORIZED TO PICK UP CHILD (REN)?

NAME: _____ RELATIONSHIP: _____

Sign here if you permit your child to walk home. _____

Please use the reverse side of this form to alert us to any medical condition that we should know about. Our concern is for the safety of your child(ren).

EMERGENCY MEDICAL AUTHORIZATION

If I cannot be contacted and it is advisable to send my child home due to minor illness or injury, my child can be released I the custody of:

Name	Telephone Number
1. _____	_____
2. _____	_____
3. _____	_____
Signature of Parent/Guardian: _____	Date: _____

PART 1: To Grant Consent

I understand that in case of an emergency, reasonable attempts will be made to contact me at _____ (home phone), or _____ (cell phone/pager) or other parent or guardian at _____ (phone). If unable to contact either parent or guardian, I authorize _____ (Physician) at _____ (physician phone) it acts on my behalf.

If reasonable attempts to contact me or my physician fail, I authorize the moderators of St. Luke P.S.R to act in my place. My health insurance carrier is _____; Policy/Group/Claim #: _____

Signature of Parent/Guardian: _____ Date: _____

PART 2: Refusal to Consent

I do not give my consent for emergency medical treatment of my child. In the event of illness or injury requiring emergency treatment, I wish the school authorities to take no action or to:

Signature of Parent/Guardian: _____ Date: _____