

2015-16 Emergency Information & Statement of Responsibility (PLEASE COMPLETE FRONT & BACK)

Student Name _____ Grade _____

Address _____
(FIRST) (MIDDLE) (LAST) City _____ State _____ Zip _____

Date of Birth _____ Primary Phone (____) _____ E-mail _____

Name(s) & Age(s) of Siblings _____

Student lives with (for example both parents, just mom, etc.) _____

Who should we contact **FIRST** in the case of an emergency? _____

(MOM) Parent/Guardian Name _____ Cell Phone _____

Employer _____ Work Phone _____

(DAD) Parent/Guardian Name _____ Cell Phone _____

Employer _____ Work Phone _____

Additional Emergency Contact Names & Numbers:

Name _____ Phone _____ Name _____ Phone _____

All medications, prescription or over-the-counter, must be brought to the school office from home accompanied by written instructions for administration. All medication must be in its original container with proper labeling. The school will not maintain over-the-counter medication (Tylenol, ibuprofen, Tums, cough drops, etc.) for general use with or without parental consent. We will maintain general first aid supplies for minor injuries.

Does your child have any **DIETARY RESTRICTIONS, ALLERGIES, or ALLERGIC REACTIONS?** ___NO ___YES -- please explain:

***Is there any additional information you feel we should know at school, regarding your child's health, safety or security?

I give my permission for my child to be released to the following individuals:

Name	Relationship to Child	Phone

My preferred doctor: _____ **Phone:** _____ **My preferred dentist:** _____ **Phone:** _____

I, the parent or legal guardian of _____, advise the school to take the following action in case of emergency at school when the school is not able to immediately establish contact with me or the indicated emergency contact person(s) listed:

TAKE MY CHILD TO THE HOSPITAL **YES** **NO** **PREFERRED HOSPITAL** _____
CALL AN AMBULANCE IF NECESSARY **YES** **NO** **CALL MY DOCTOR OR DENTIST** **YES** **NO**

I give my permission to contact any of those listed on this form in case of emergency and also give my permission for medical treatment, if necessary. I will be responsible for debts incurred for medical treatment or ambulance services for my child.

PARENT'S SIGNATURE _____ **DATE SIGNED** _____

2015/16 Statement of Responsibility

All policies and regulations published in the St. Boniface Catholic School Policy Manual are subject to the guidelines and policies of the Diocese of Little Rock. A copy of the Diocesan Policies is available for your use in the school office, and is also available online at www.dolr.org under the "School" tab or the school website at www.stbonifaceschool.org The administration reserves the right to amend the handbook as need arises. Parents will be promptly notified if changes are made. Please read the Policy Manual thoroughly and talk with your child(ren) concerning its contents. Both parents are asked to sign below after reading.

We have read and agree to be governed by policies as stated in the St. Boniface Catholic School Student Handbook.

Please PRINT Last Name: _____

Parent Signature: _____

Parent Signature: _____

Date: _____