FAMILY EMERGENCY and ILLNESS INFORMATION

Please provide the following information, ***per child***; please use a **pen** and **print:**

Last Name of Student:______________________________ First Name:_____________________ Entering Grade:______

Home Address of Student:____

City State Zip Code

Home Phone Number: ___________________________________ Date of Birth:_________________________________

Catholic: ☐ Yes ☐ No Parish____

Oldest St. Michael's Academy student in family designated to receive notices:_______________________________

Mother's Cell Phone #:_____________________________ Father's Cell Phone #:_______________________________

Student lives with / Students live with:

First Name:	Last Name:	Relationship: (Mother, Father, Guardian, etc.)	Employer	Work Phone #

Not Listed Above (Non-Custodial Parent):

First Name:	Last Name:	Relationship:	Address	Home Phone #	Work Phone #

Should duplicate copies of report cards and other records be sent to the non-custodial parent? ☐ Yes ☐ No
If the answer is "yes," please make sure that you have supplied the mailing address of the non-custodial parent in the box above.

Does the non-custodial parent wish to attend parent/teacher conferences? ☐ Yes ☐ No

Please list four (4) local adults whom we can contact in the event your child becomes / children become sick or injured at school and need to leave. As a courtesy, please be sure that these people have been informed of their responsibility.

First Name:	Last Name:	Relationship: (Relative, Friend, Neighbor, etc.)	Daytime Phone #

Does your child / Do your children communicate in any language **other** than English? ☐ Yes ☐ No
If "yes," what language?_______________________________________

For the purpose of annual school census information that we must provide to the Diocese of Springfield, the Commonwealth of Massachusetts and the National Catholic Educational Association (NCEA), please check your child's / children's **racial background** **AND** **ethnic identity**:

_____ White _____ Black or African-American _____ Asian _____ Native Hawaiian or Pacific Islander

_____ American Indian or Alaskan **Ethnicity**: _____ Hispanic or Latino _____ Not Hispanic or Latino

Please fill out the back of this form →

Physician's Name:____ Office Phone #______________________

Dentist's Name:____ Office Phone #______________________

If emergency care is required, and the parent or legal guardian cannot be reached immediately, your signature in the space provided below empowers the school authorities to exercise their own judgment in calling the physician your listed on the front side of this form or, if not available, to transport the child to a hospital emergency room. Likewise, your signature below is not sufficient for the release of confidential information protected by Federal Law.

Parent Signature:____ Date:______________________

If your child has to be transported to a hospital, please provide the name of the hospital to which he/she should be transported.

Hospital:____

Child's Full Name (including middle):____

If your child has any unusual health conditions or concerns, please indicate below:

____

____

Does your child have food allergies (dairy, peanuts, etc.) or allergic reactions (medications, bee stings, etc.)?

☐ Yes ☐ No If "yes", please list:____

____

____

____

Does your child require that medication be administered during school hours? ☐ Yes ☐ No

If yes, please list____

Does your child require special education services? ☐ Yes ☐ No

If yes, please list____

DISMISSAL LINES

Please check off the correct dismissal line for your child:

WALKERS: ___Wheeler / Plumtree ____Eddywood / Plumtree ____Arvilla / Wheeler ____Arvilla / Eddywood

CAR PICK-UP LINE: ____Wheeler Avenue (Last Names A-M) ____Eddywood Street (Last Names N-Z)

BUS RIDER: ____Bus #

EXTENDED DAY PROGRAM: ___Monday ___Tuesday ___Wednesday ___Thursday ____Friday

IMPORTANT: If your child's dismissal line will be different on ANY day, you must send a note to your child's teacher that day. Any student unsure of his/her dismissal plan will be sent to the Extended Day Program.