



Family Information/Emergency Form 2018-2019

If any information changes during the school year, the school office must be notified immediately

Family Name: _____ Mother: _____ Father: _____

Address: _____
Street City State Zip Code

Home #: _____ Mom Cell #: _____ Dad Cell #: _____
Student Cell #: _____ Student Cell #: _____

Email Address #1: _____ Parish Envelope Number: _____
Email Address #2: _____

Child #1: _____ Grade: _____ Date of Birth: _____ EDP: Y N
(EDP is extended day at SJCS)

Child #2: _____ Grade: _____ Date of Birth: _____ EDP: Y N

Child #3: _____ Grade: _____ Date of Birth: _____ EDP: Y N

Student's Physician _____ Phone #: _____

Address: _____
Street City State Zip Code

Medical Insurance Provider: _____

Policy/Insurance #: _____

EMPLOYMENT

Father's Employment: _____
Place Phone

Mother's Employment: _____
Place Phone

(Turn Over)

EMERGENCY CONTACTS- Will be used if parent/guardian cannot be reached (REQUIRED- MUST LIST 2)

1. _____ Phone: _____

Name

Relationship _____

2. _____ Phone: _____

Name

Relationship _____

List medical allergies and/or significant medical history:

MEDICAL RELEASE

In the event that the undersigned, or authorized physician cannot be reached and in the judgment of the teacher, school nurse or Administration, there is a necessity for immediate examination and/or treatment of my/our child, I/we hereby request and authorize any of the aforesaid personnel to obtain for my/our child such medical services as are deemed necessary. I/we agree to assume the financial responsibility for any diagnosis/treatment and/or for medication deemed necessary.

Parent/Guardian Signature

Date

A copy of this release will accompany students on field trips. It is the responsibility of the parent/guardian to update emergency information as necessary.

Attention Parents of 8th Graders:

Please indicate your home high school district, and check the box if we may release records to the high school(s).

High School District: _____

I give permission to release records to my home high school district.

Yes No

I give permission to release records to Carmel Catholic High School.

Yes No