



# ST. MARY SCHOOL STUDENT EMERGENCY FORM 2011-2012

To be used in the St. Mary School Front Office and St. Mary School Extension Program.

Please type or **PRINT** clearly. STUDENT'S LAST NAME: \_\_\_\_\_

Student Name \_\_\_\_\_ DOB \_\_\_\_\_ GR. \_\_\_\_\_  
*(Last) (First)*

Student Name \_\_\_\_\_ DOB \_\_\_\_\_ GR. \_\_\_\_\_  
*(Last) (First)*

Student Name \_\_\_\_\_ DOB \_\_\_\_\_ GR. \_\_\_\_\_  
*(Last) (First)*

Student Name \_\_\_\_\_ DOB \_\_\_\_\_ GR. \_\_\_\_\_  
*(Last) (First)*

Address \_\_\_\_\_ City \_\_\_\_\_ Zip \_\_\_\_\_

Home Phone \_\_\_\_\_

Mother/Guardian's Name \_\_\_\_\_ Occupation \_\_\_\_\_

Address (if different than student's) \_\_\_\_\_

City \_\_\_\_\_ Zip \_\_\_\_\_ Hm # \_\_\_\_\_ Work # \_\_\_\_\_  
Cell # \_\_\_\_\_

Father/Guardian's Name \_\_\_\_\_ Occupation \_\_\_\_\_

Address (if different than student's) \_\_\_\_\_

City \_\_\_\_\_ Zip \_\_\_\_\_ Hm # \_\_\_\_\_ Work # \_\_\_\_\_  
Cell # \_\_\_\_\_

In the event of apparent serious illness or accident and I cannot be reached, I wish one of the following to be notified by telephone. They are authorized to act in my absence and will be informed that their names have been used on this form. It is understood the below named are authorized to pick up my child(ren) from School and the Extension Program in my absence. *(Do not list parents, list SOMEONE NEARBY who can be reached quickly.)*

1. Name \_\_\_\_\_ Relationship \_\_\_\_\_ Hm.# \_\_\_\_\_ Wk.# \_\_\_\_\_

2. Name \_\_\_\_\_ Relationship \_\_\_\_\_ Hm.# \_\_\_\_\_ Wk.# \_\_\_\_\_

3. Name \_\_\_\_\_ Relationship \_\_\_\_\_ Hm.# \_\_\_\_\_ Wk.# \_\_\_\_\_

4. Name \_\_\_\_\_ Relationship \_\_\_\_\_ Hm.# \_\_\_\_\_ Wk.# \_\_\_\_\_

Although the above recommendation of the parent will be respected, as far as possible, I understand that in the final disposition of an emergency case, the school will prevail. **ANY TIME THE ABOVE INFORMATION CHANGES, I WILL NOTIFY THE SCHOOL IN WRITING.**

\_\_\_\_\_  
Parent/Guardian Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Parent/Guardian Signature

\_\_\_\_\_  
Date

Authorization to Consent to Treatment of a Minor

In the event of serious emergency, and non of the emergency persons can be contacted, I authorize school officials to call my family doctor or, if the situation demands, to transfer my child to the nearest hospital for the necessary emergency care. I consent to any X-ray, examination, anesthetic, medical or surgical diagnosis or treatment and hospital care which is deemed advisable by, and is rendered under the general or special supervision of any physician and surgeon licensed under the provisions of the Medicine Practice Act, or the Medical Staff of a certified hospital, whether such diagnosis or treatment is rendered at the Office of the physician or hospital. I understand the school does not assume responsibility for payment of a physician. If our family physician cannot be reached, the school may choose a physician.  Yes  No

Name of Family Physician: \_\_\_\_\_ Phone: \_\_\_\_\_

Name of Family Dentist: \_\_\_\_\_ Phone: \_\_\_\_\_

Signature of Parent/Guardian: \_\_\_\_\_ Date: \_\_\_\_\_

### School Communications Contact Information

STUDENT OR FAMILY NAME: \_\_\_\_\_

St. Mary School utilizes the Safe-T-Net ALERTNOW Rapid Notification Service for **routine phone announcements** to our parents AND **emergency notifications** to ALL of our contact numbers within minutes of an emergency or incident occurring at the school.

- **For routine announcements, the school phone number will show on your Caller ID.**
- **When it is an emergency call, the Caller ID will display "411".**

In order for the message to be delivered successfully and in a timely manner **please provide your updated emergency contact numbers including the area codes.** In the event of an emergency at the school up to five numbers per family will be dialed by the ALERTNOW system within minutes, with a recorded message detailing information and directions in order for you respond to the emergency. **It is extremely important that you keep the office informed of any changes to your emergency contact numbers.**

Please list up to FIVE numbers you would like called in the case of an emergency. Be sure to designate ONE of those numbers for non-emergency calls. If you do not wish to receive routine announcements at work or on your cell phone, please designate your home number for non-emergency calls. The **ALERTNOW system** can only accept direct dial numbers, no extensions.

Contact Number	Description	Phone Number with area code
Non-Emergency Calls		
Emergency 1		
Emergency 2		
Emergency 3		
Emergency 4		

**EMAIL NOTIFICATIONS:** Please list at least one email address where you can receive additional communications from the school. Please be sure that this email address does not have a filtering function that would block communications from the school. **PLEASE PRINT CLEARLY**

EMAIL 1. \_\_\_\_\_  
*print*

EMAIL 1. \_\_\_\_\_  
*print*

EMAIL 1. \_\_\_\_\_  
*Print*

EMAIL 1. \_\_\_\_\_  
*print*