

SETON FAMILY EMERGENCY FORM 2011-2012

NAME OF FAMILY OR GUARDIAN _____

STUDENT NAMES _____

HOME TELEPHONE # _____ CELLULAR # _____ Mom's # _____ Dad's # _____

EMAIL ADDRESS _____

REGISTERED PARISH _____

FATHER'S PLACE OF EMPLOYMENT _____ WORK # _____
HOURS OR SHIFT _____

MOTHER'S PLACE OF EMPLOYMENT _____ WORK # _____
HOURS OR SHIFT _____

CONTACT PEOPLE IF PARENTS CAN'T BE REACHED (PLEASE WRITE DOWN MORE THAN 1 PERSON):

1. _____
NAME AND RELATIONSHIP PHONE NUMBER
2. _____
NAME AND RELATIONSHIP PHONE NUMBER
3. _____
NAME AND RELATIONSHIP PHONE NUMBER

Doctor to be Called: _____
NAME AND ADDRESS PHONE NUMBER

If this doctor is not from this area, please list a local Dr. we call: _____

Medication NOT to be given to student:

Student name	Medication
_____	_____
_____	_____

****IN CASE OF EMERGENCY AND NONE OF THE ABOVE PEOPLE CAN BE CONTACTED, I GIVE MY CONSENT TO HAVE _____ TAKEN TO**

Name of Hospital Address Phone Number

PARENT'S SIGNATURE

NOTE! The ambulance has to check with the closest hospital to see if the child could stand the trip to a further hospital.

SPECIAL HEALTH CONDITIONS WHICH MIGHT REQUIRE IMMEDIATE ATTENTION (seizures, asthma, kidney or bladder conditions which necessitate frequent bathroom visits, food allergies, etc.):

Please Complete Other Side

In case of bad weather and students cannot be transported, please notify:

NAME AND RELATIONSHIP

ADDRESS

PHONE NUMBER

Specific instructions in case of early dismissal due to bad weather (calling home is not an option):

FIELD TRIP PERMISSION: At different times during the year we would like to take the students on short field trips such as nature walks for science, P.E. trips to Central Park, etc. For these trips we would like your permission for the entire year. Please sign the form below which will give us permission from you for the year. We will try to let you know when and if we do take the field trips.

I HEREBY GIVE MY PERMISSION FOR _____ TO GO ON

Children's Names

SHORT FIELD TRIPS WITH QUALIFIED PERSONNEL.

PARENT'S SIGNATURE

DATE

PHONE NUMBER RELEASE

___ We have an unlisted phone number.

___ We DO NOT want our phone number released to anyone outside of school personnel.

___ We DO NOT want our email address released to anyone outside of school personnel.

___ Our phone number may be released for public use.

PICTURE RELEASE

___ The school may release pictures and names of these students to the newspaper.

___ The school MAY NOT release pictures and names of these students to the paper.

PARENT'S SIGNATURE

DATE

TYLENOL PERMISSION FORM

My child(ren) have permission to be given a Tylenol if needed- only Tylenol 325 mg.(swallow type) is available.

Name type of Tylenol amount

Name type of Tylenol amount

Name type of Tylenol amount

Name type of Tylenol amount

Contact me before giving my child(ren) any Tylenol: ___ Yes ___ No

Parent's signature

Date