

# St. Agnes Academy Upper School Emergency Contact Form 2023-2024

COMPLETE FORM USING ONLY BLUE OR BLACK INK AND RETURN COMPLETED FORM TO MRS. HOFFMAN

\_\_\_\_\_/\_\_\_\_\_  
Student Last Name                      First Name                      Middle Name                      Preferred Name

Grade: \_\_\_\_\_ D.O.B.: \_\_\_\_\_ Cell Phone #: \_\_\_\_\_ Home Phone #: \_\_\_\_\_

School E-mail: \_\_\_\_\_ Personal E-mail: \_\_\_\_\_

Primary Address: \_\_\_\_\_ City, State, & Zip: \_\_\_\_\_

Homeroom Teacher: \_\_\_\_\_ Locker #: \_\_\_\_\_ T-Shirt Size: \_\_\_\_\_ Student's Height: \_\_\_\_\_

Church/Religious Affiliation: \_\_\_\_\_ Youth Group/Director: \_\_\_\_\_

Cultural Heritage: \_\_\_\_\_

Grade you began SAA: \_\_\_\_\_ Schools attended before SAA: \_\_\_\_\_

Parking Lot Section/Number: \_\_\_\_\_ SAA Car Tag #: \_\_\_\_\_ License Plate #: \_\_\_\_\_

Do you work? \_\_\_\_\_ If so, where? \_\_\_\_\_

Do you play a club/rec sport(s)? \_\_\_\_\_ If so, what sport(s)? \_\_\_\_\_

Are you involved in any theater programs, if so where? \_\_\_\_\_

Clergy Relatives (all faiths): \_\_\_\_\_

**Family Information:** Custodial Parent:  Both Parents  Father  Mother  Other \_\_\_\_\_

**Mother (First and Last Name):** \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_ E-Mail: \_\_\_\_\_

Address: \_\_\_\_\_ City, State & Zip: \_\_\_\_\_

Employer: \_\_\_\_\_ Work Phone: \_\_\_\_\_

**Father (First and Last Name):** \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_ E-Mail: \_\_\_\_\_

Address: \_\_\_\_\_ City, State & Zip: \_\_\_\_\_

Employer: \_\_\_\_\_ Work Phone: \_\_\_\_\_

Siblings (First and Last Name):	Age(s):	Grade(s):	School(s):
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

**Grandparent(s):** \_\_\_\_\_ Home Phone: \_\_\_\_\_

Cell Phone: \_\_\_\_\_ E-Mail: \_\_\_\_\_

Address: \_\_\_\_\_ City, State & Zip: \_\_\_\_\_

**Grandparent(s):** \_\_\_\_\_ Home Phone: \_\_\_\_\_

Cell Phone: \_\_\_\_\_ E-Mail: \_\_\_\_\_

Address: \_\_\_\_\_ City, State & Zip: \_\_\_\_\_

**Alumni Relatives (name and relationship):** \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Dismissal Protocol & Emergency Contacts:**

**In the event of an EMERGENCY, who is allowed to pick up your child if we are not able to reach you?**

(Please notify the school office if someone other than those listed here will be picking up your child.)

1. Name \_\_\_\_\_ Relationship \_\_\_\_\_  
 Cell Phone \_\_\_\_\_ Home Phone \_\_\_\_\_ Work Phone \_\_\_\_\_

2. Name \_\_\_\_\_ Relationship \_\_\_\_\_  
 Cell Phone \_\_\_\_\_ Home Phone \_\_\_\_\_ Work Phone \_\_\_\_\_

3. Out-of-State Contact \_\_\_\_\_ Relationship \_\_\_\_\_  
 Cell Phone \_\_\_\_\_ Home Phone \_\_\_\_\_ Work Phone \_\_\_\_\_

**PARENTS:** In the event of an actual emergency, your child will remain on campus until all students are accounted for.

If conditions are deemed safe, I give my daughter permission to leave campus: In her own vehicle  / With another student  / With a designated person listed above \_\_\_\_\_

**STUDENT HEALTH HISTORY:**

**All information will be securely locked in an office and will be held confidential.**

- ❖ Date of last Tetanus shot? \_\_\_\_\_
- ❖ Please make us aware of any allergies your child may have: \_\_\_\_\_
- \_\_\_\_\_
- ❖ Does your child have any other medical condition of which the school should be aware? \_\_\_\_\_
- \_\_\_\_\_
- \*Please note that a doctor's note turned in to Mrs. Hoffman is required BEFORE the student may wear tennis shoes to school.
- ❖ List name and dosage of ANY/ALL medication your child takes on a regular or daily basis: \_\_\_\_\_
- \_\_\_\_\_

❖ Please check any over-the-counter medication you will allow the School to administer to your child:

___ Advil/Ibuprofen/Motrin	___ Claritin/Loratadine	___ Antihistamine cream
___ Aleve/Naproxen	___ Benadryl	___ Cough syrup/cough drops
___ Acetaminophen/Tylenol	___ Pseudoephedrine or derivative	___ Antibiotic ointment
___ Excedrin Migraine	___ Visine and/or allergy drops	___ Hydrocortisone cream
<i>(contains aspirin/caffeine)</i>	___ Pepto/tums	___ Burn cream
___ Midol	___ Tylenol Sinus or equivalent	___ Other (List _____)

Health Insurance Provider: \_\_\_\_\_ Insured Name: \_\_\_\_\_ Group/ID# \_\_\_\_\_

Physician's Name & Phone #: \_\_\_\_\_ Hospital Preference: \_\_\_\_\_

**Release of Information Via Text Messaging**

I give permission to receive non-emergency medical information regarding my child via text messaging. YES  NO

Information may be sent to the following number: \_\_\_\_\_ . Parent Initials \_\_\_\_\_

**Authorization and Release**

The undersigned, being the parent or guardian of the above named student enrolled in St. Agnes Academy St. Dominic School (SAA-SDS), hereby gives permission to SAA-SDS for the school nurse to provide assessment, care and treatment of the student. In addition, the parent or guardian gives permission for trained school staff to perform necessary health procedures for a student to attend school i.e., medication administration, blood glucose testing, epi-pen administration, or assistance in the use of an inhaler.

The undersigned agrees to release, indemnify and hold harmless St. Agnes Academy-St. Dominic School, its employees, representatives or school nurse for any claim, liability or expense arising from any act or omission arising from or related to the assessment, care, or treatment of the student. This release and indemnity agreement includes claims based on alleged negligence on the part of SAA-SDS or its employees.

The undersigned further certifies that he/she has read the above authorization and release and is in agreement with its terms.

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

**Date** \_\_\_\_\_