

St. Agnes Academy-St. Dominic School
 Student Emergency Information 2019-2020
Separate form required for EACH CHILD enrolled at SAA-SDS.

RETURN COMPLETED FORMS
 TO:
 Upper School—Renata Novarese
 SAA K-8—Tammy Brooks
 SDS K-8—Diane Pirozzi
 ECC (PK-JK)—Teresa Nelson

Student Information:

_____ / _____

Student Last Name _____ First Name _____ Middle Name _____ Preferred Name _____

Gender: _____ Grade (2019-20): _____ D.O.B. _____

Cell Phone _____ E-Mail _____

Address _____ City, State & Zip _____

Mother _____ Home Phone _____

Cell Phone _____ E-Mail _____

Address _____ City, State & Zip _____

Employer _____ Work Phone _____

Father _____ Home Phone _____

Cell Phone _____ E-Mail _____

Address _____ City, State & Zip _____

Employer _____ Work Phone _____

◆ Custodial Parent: Both Parents Father Mother Other _____

Siblings: Name	Age	Grade	School
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

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. Name _____ Relationship _____
 Cell Phone _____ Home Phone _____ Work Phone _____
4. 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.

UPPER SCHOOL ONLY: 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 / Other _____

GRADE SCHOOL & ECC ONLY: Please indicate below what will most often apply:
 Extended Day Activities (EDA)
 Carpool Dismissal
 ECC Only: ECC Carpool- pickup in driveway at Early Childhood Center Entrance at 2:45 p.m.
 Sibling dismissal at 3:00 p.m. at: SDS _____ SAA _____

Student name, cont. _____ / _____
Last First MI Preferred Name

STUDENT HEALTH HISTORY:

❖ Date of last Tetanus shot? _____

Please check any allergies your child may have:

Medication(s): _____ Foods: _____

Environmental: _____ Insects: _____

❖ Does your child have asthma? _____

▪ Does he/she use an inhaler? Type: _____ At home? At school?

❖ Does your child have diabetes?

▪ Injections? _____ Insulin Pump? _____

❖ Does your child have any other medical condition of which the school should be aware

❖ List name and dosage of ANY/ALL medication your child takes on a regular or daily basis:

▪ _____ Taken at home Taken at school
▪ _____ Taken at home Taken at school

Health Insurance Provider: _____ Provider Phone Number: _____

Insured's Name: _____ Employer: _____ Group #: _____

Physician's Name & Phone #: _____ Hospital Preference: _____

I understand that in case of an emergency the school will attempt to contact me immediately. In the event I cannot be reached, I hereby give the school permission to seek emergency treatment for my child. I understand that I am responsible for the cost of any medical treatments, including surgery, received by my child. I release the school from all responsibility for any illness or accident that occurs during the school's events.

Parent Signature _____ Date _____

If there are any changes to your child's status during the school year please notify the school office to update this form.