ALL SAINTS' ACADEMY
STUDENT EMERGENCY INFORMATION / PROOF OF INSURANCE
GRADES PK3 – 5 2010-2011 SCHOOL YEAR

Student Name: _____ DOB: _____ Grade: _____ Sex: _____
Student Name: _____ DOB: _____ Grade: _____ Sex: _____
Student Name: _____ DOB: _____ Grade: _____ Sex: _____
Student Name: _____ DOB: _____ Grade: _____ Sex: _____
Student Name: _____ DOB: _____ Grade: _____ Sex: _____

Home Address: _____
Mailing Address: _____
Child(ren) Lives With: _____ Both Parents _____ Mother _____ Father _____ Guardian

Father's Name: _____
Father's Home Phone: _____
Father's Work Phone: _____
Father's Cell Phone: _____
Father's Email: _____

Mother's Name: _____
Mother's Home Phone: _____
Mother's Work Phone: _____
Mother's Cell Phone: _____
Mother's Email: _____

To have my email address be excluded from the Parent/Student Directory check this box: ☐

Emergency person(s) who will care for student in case parent cannot be reached:
Name: _____ Home #: _____ Work #: _____ Cell: _____
Name: _____ Home #: _____ Work #: _____ Cell: _____
Name: _____ Home #: _____ Work #: _____ Cell: _____

The following person(s) have authorization to pick up student(s) during the day: _____
_____
_____

Physician's Name: _____ Phone #: _____
Dentist's Name: _____ Phone #: _____

Does your student have any **medical concerns, allergies, health problems, etc., or is s/he currently taking any medications?** Explain. _____
_____
_____

MEDICAL INSURANCE INFORMATION

Name(s) of Insured: _____ Cardholder ID #: _____
Insurance Company: _____ Group Policy #: _____

PARENT AUTHORIZATION

In order for us to give over-the-counter or prescription medication to your child(ren), the proper forms must be filled out and signed by the parent/legal guardian. If these forms are not on file in the school office, medication cannot be dispersed to your child(ren).

I HEREBY GRANT PERMISSION FOR MY CHILD TO:

A) Be treated by a physician for medical or surgical care should an emergency arise
B) Participate in all supervised field trips at All Saints' Academy
C) Be photographed or filmed for non-profit school related activities

_____
Date Parent/Guardian Signature Home Phone Emergency Phone