

ST. MARY SCHOOL EMERGENCY OR ILLNESS NOTIFICATION 2023-2024

Student's Name(s) _____ Grade _____

Address _____ Phone _____
 Email _____

Father's Name _____ Cell _____
 Employer: _____ Work Phone _____

Mother's Name _____ Cell _____
 Employer: _____ Work Phone _____

Persons to be called if parents cannot be reached: In the event of an emergency, I give permission to transport my child to a hospital for emergency medical treatment. I wish to be advised prior to any further treatment by the hospital or doctor. In the event of an emergency, if you are unable to reach me at the above numbers, please contact:

Name	Relationship	Phone

Unusual health conditions:
 Diabetes _____ Heart _____ Convulsive seizures _____ Allergies _____ Other _____ Bee Sting _____

If any of the above are checked please detail below, including child's name:

Administration of non-prescription medication: I give the school and event chaperones permission to orally administer Tylenol, Advil, Motrin, supplied by parents, according to child's age/weight as necessary and apply minor bandages and first aid ointments, ice or heat compresses:
 ___ Yes ___ No Antacid as necessary: ___ Yes ___ No

Administration of prescription medication: There must be a Physician's Order and Parent Consent form on file for any prescription medication which is to be administered at the school. All medicine must come in its original container with dosage directions on the label as well as on the physician order form, and it must be stored in the school office.

Authorization: I further understand that if I cannot be reached, or if the emergency contacts that I have listed above cannot be reached, and my child/ward is in need of immediate medical care, the school representative reserves the right to make a temporary decision that is in the best interest of my child/ward until I can be reached.

Family Health Ins Company _____

Policy #(s) _____

Physician _____ Phone _____ Address _____

Dentist _____ Phone _____ Address _____

Orthodontist _____ Phone _____ Address _____

Date of most recent Physical exam _____ Current Medications _____

Date of most recent tetanus immunization _____ Treatment for allergies _____

Recent surgeries or serious illness _____ Any other special needs _____

I verify that all of the medical information for my child/ward listed above is correct and current to the best of my knowledge at the time of the event described. I have indicated all potential health issues for my child/ward including medications and any special dietary needs, as well as indicated my preference to the distribution of non-prescription/over the counter medications and treatments such as: applying minor bandages and first aid ointments or sprays, ice/heat compresses, dispensing of non-aspirin pain relievers, cough drops or syrups and antacids and the like.

Parent/Guardian signature _____ Date _____



St. Mary School

PARENT PERMISSION

Please respond to all categories.

Parent E-mail:

Several communications are sent via e-mail from the school office to parents, including the newsletter.

Parent's e-mail(s): _____

Would you like your email included in the family directory? Yes _____ No _____

Unanticipated Early Dismissal Arrangement:

Please indicate what your child(ren) should do in case of unanticipated early dismissal due to weather or other emergencies.

_____ follow the usual dismissal routine

_____ afterschool care and notify parents (child will be picked up within the hour)

_____ call me at _____

_____ other Explain _____

Student Information and Picture Release:

In order to comply with the federal Family Privacy Act, we need your permission to publish your child's information in our Family Directory.

_____ I give permission for **information** on my child to be released (**family directory**)

_____ I **do not** give permission to release **information** on my child (**family directory**)

_____ I give permission for release of my child's **picture** (**yearbook, SMS newsletter**)

_____ I **do not** give permission for release of my child's **picture** (**yearbook, SMS newsletter**)

_____ I give permission for release of my child's picture on St. Mary's **social media** accounts

_____ I **do not** give permission for release of my child's picture on St. Mary's **social media** accounts

Special Instructions
