

St. Agnes Academy Upper School Emergency Contact Form 2024-2025

COMPLETE FORM USING ONLY BLUE OR BLACK INK AND RETURN COMPLETED FORM TO THE DEAN'S OFFICE

Student's Last Name _____ First Name _____ Middle Name _____

Student's Preferred Name (if different) _____

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):
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_____	_____	_____	_____
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_____	_____	_____	_____
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_____	_____	_____	_____
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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

IF THERE ARE ANY CHANGES TO YOUR CHILD'S STATUS DURING THE SCHOOL YEAR, PLEASE NOTIFY THE SCHOOL OFFICE TO UPDATE THIS FORM