

2019-2020 AUTHORIZATION & EMERGENCY INFORMATION FORM

Emergency Procedures: I have read and understand the procedures to be taken by the school in the case of an emergency. I authorize St. Andrew's to seek medical care as detailed on the emergency procedures form.

Student: _____
Last Name First Name Teacher/Class

Address: _____ Home Phone: () _____

_____ Date of Birth: _____

IF NOT AT HOME, WHERE CAN PARENTS BE REACHED?

Primary Parental Contact: _____ Male Female

Business Name and Address: _____

Business Phone

Cell Phone

E-Mail Address

Secondary Parental Contact: _____ Male Female

Business Name and Address: _____

Business Phone

Cell Phone

E-Mail Address

In case of minor illness/accident, early dismissal, or other changes in school routine, I request that the school contact me using the information provided on this form. If the school is unable to reach me, I hereby authorize the school to contact the adults listed below, who may assume temporary care of my child. (Note-Those listed should be able to reach St. Andrew's within 15 minutes)

1) Name: _____ Relationship to Child: _____

Address: _____

Home Phone: () _____ Cell Phone: () _____

2) Name: _____ Relationship to Child: _____

Address: _____

Home Phone: () _____ Cell Phone: () _____

Important: Please communicate with the person(s) above that you have identified on this form.

Child's Physician: _____ Phone No: _____

Address: _____

PARENT SIGNATURE: _____ DATE: _____