



**BLESSED
SACRAMENT
SCHOOL**
**Emergency
Contact Form
2016-2017**

Child(ren) Please give legal name, list in order from oldest to youngest:	Child(ren) Last Name:	
Child 1:	DOB ___ / ___ / _____	Grade
Child 2:	DOB ___ / ___ / _____	Grade
Child 3:	DOB ___ / ___ / _____	Grade
Child 4:	DOB ___ / ___ / _____	Grade

Child(ren)'s Residential Information:	
Street / Apartment	
City/State/Zip	
Parent/Guardian Name, Employer & Address:	
Mother: (circle: primary or secondary)	Father: (circle: primary or secondary)
Home Street Address (if different)	Home Street Address (if different)
City/State/Zip	City/State/Zip
Employer/Occupation	Employer/Occupation
A directory of parent and student names, addresses, email and phone numbers will be printed and distributed to each enrolled family unless you indicate otherwise here:	
___ I DO NOT give permission to BSS to print my family's information in the directory. Initial ___ Date ___	

Phone Numbers: School closings, delays and special announcements will periodically be made through our telephone notification system. <input checked="" type="checkbox"/> At least one number is required to be checked for the SCHOOL REACH telephone notification system.			
	✓	← Check which number(s) to use for telephone notifications →	✓
Mother Home		Father Home	
Mother Cell		Father Cell	
Mother Work		Father Work	
Mother Alternate		Father Alternate	

Email Addresses: Important school news and announcements will be made on the website and through email. Please list any email address you would like to be used to receive this important information. Grades and homework will also be available through our online grade book. The primary email will be used to set up the online grade book account for each student.	
Mother Primary	Father Primary
Additional	Additional

Alternate Contacts - (in the event parents cannot be reached) When applicable, also include these names in Pickup List:		
Name	Relationship	Phone
Name	Relationship	Phone

Pickup List - List persons to whom your child may be released other than parent without a note.



Child(ren) Last Name: _____

Grandparent Contact Information:	
Maternal Grandparents	Paternal Grandparents
Home Phone	Home Phone
Cell Phone	Cell Phone
Email	Email
Check here if you would like to be added to the Grandparent Newsletter: _____ YES	Check here if you would like to be added to the Grandparent Newsletter: _____ YES
Street Address	Street Address
City/State/Zip	City/State/Zip

Consent to Publish for Marketing/Public Relations Purposes: Please check approval from the statement below:

* I DO or DO NOT give permission to BSS to use my child's photo and/or quotes for public relations purposes. This includes recognition in the weekly emailed newsletter, facebook and marketing materials.
Signature of Parent/Guardian: _____ **Date** ____/____/____

Health Information: If nothing applies mark N/A. Please attach additional paper if necessary.

Does your child have any known allergies (drug, food, dust, plant, animals, etc.)? Does your child have any health concerns or conditions we should be aware of?	Please list any information concerning your child which may be helpful in his/her experience at BSS. Please include playing, eating and sleeping habits, special fears, likes, dislikes, etc
Child 1	Child 1
Child 2	Child 2
Child 3	Child 3
Child 4	Child 4

Emergency Information:

Family Physician	Family Dentist	Hospital Preference
Phone	Phone	Phone
Comments		

Emergency Care Authorization:

I agree that the school/child care operator may authorize the physician of his/her choice to provide emergency care in the event neither I nor the family physician can be contacted immediately. PLEASE SIGN BELOW!
 Please check if approve: _____ YES, The school/child care provider may apply antibiotic topical ointment (ex. Neosporin) if needed.
 * **Signature of Parent/Guardian** _____ **Date** _____

FOR OFFICE USE ONLY

I, as the school/child care operator, do agree to provide transportation to an appropriate medical resource in the event of an emergency. In an emergency situation, other children in the facility will be supervised by a responsible adult. I will not administer any drug or medication without specific instructions from the physician or the child's parent/guardian. Provisions will be made for adequate and appropriate rest and outdoor play.

Signature of School/Child Care Operator _____ Date _____