

EMERGENCY CONTACT & CONTINGENCY INFORMATION FORM

PLEASE TYPE OR PRINT NEATLY USING A DARK PEN. THE INFORMATION PROVIDED WILL BE USED TO UPDATE OUR DATABASE. ANY CHANGES SHOULD BE REPORTED TO THE OFFICE ASAP. PLEASE ANSWER ALL QUESTIONS & YOU MUST PROVIDE AT LEAST 1 EMERGENCY CONTACT!

FAMILY NAME: _____ (Last name of primary parent/guardian)

STUDENT NAME (list each enrolled child individually)	GRADE	HOMEROOM

FATHER/ MALE GUARDIAN	MOTHER/FEMALE GUARDIAN
NAME:	NAME:
STREET:	STREET:
CITY/ZIP:	CITY /ZIP:
EMPLOYER:	EMPLOYER:
TITLE:	TITLE:
INDUSTRY:	INDUSTRY:
WORK HOURS:	WORK HOURS:
WORK PHONE:	WORK PHONE:
CELL PHONE:	CELL PHONE:
HOME PHONE NUMBER: _____ UNLISTED	HOME PHONE NUMBER: _____ UNLISTED
E-MAIL :	E-MAIL:
ARE YOU A ST. JAMES ALUM? _____ GRADUATION YEAR: _____	ARE YOU A ST. JAMES ALUM? _____ GRADUATION YEAR: _____

CURRENT PARENTAL MARIATAL STATUS: married separated divorced single/never married

ARE THERE ANY CHILD -RELATED CUSTODIAL ISSUES THAT THE SCHOOL SHOULD BE AWARE OF: NO YES

I. CONSENT TO RELEASE: Family data is for school-related use only. However, parents often request class lists or phone numbers for social purposes. We will ASSUME CONSENT to share this information & the Diocese/school is absolved of any liability for doing so, **UNLESS** you check the first box below to indicate otherwise. Also, **UNLESS** you check the second box below, we will ASSUME CONSENT to utilize your child’s photo on the school website or in school promotional materials. Photos posted on the web will be used to showcase school activities. The students pictured will not be identified unless direct parental consent has been procured in advance to do so, for example, if a student wins an award and we announce this with a photo on the website or a press release to the media. Parental consent will always be sought in such instances.

DO NOT RELEASE MY INFORMATION. KEEP FAMILY CONTACT INFORMATION CONFIDENTIAL (note that with this selection, your child’s name will appear on class rosters, but all other data will be eliminated.)

DO NOT USE MY CHILD’S PHOTO. I do not consent to have my child’s photograph posted on the website or utilized for publicity purposes.

IF YOU LEAVE THE BOXES ABOVE UNCHECKED, YOU ARE GIVING YOUR CONSENT (PERMISSION) AS DESCRIBED IN SECTION I.

II. EMERGENCY CONTACTS: IN THE EVENT THAT WE CAN NOT REACH YOU DURING THE SCHOOL DAY, PLEASE PROVIDE EMERGENCY CONTACTS (YOU CAN NOT LIST YOURSELF HERE):

EMERGENCY CONTACT #1	EMERGENCY CONTACT #2
NAME:	NAME:
ADDRESS:	ADDRESS:
CITY/ ZIP:	CITY /ZIP:
PHONE:	PHONE:
CELL PHONE:	CELL PHONE:
RELATIONSHIP TO CHILD:	RELATIONSHIP TO CHILD:

III. WEATHER-RELATED DISMISSAL IN THE EVENT OF AN UNSCHEDULED EARLY DISMISSAL RELATED TO A SNOW OR WEATHER EVENT...

- 1. My child will ride the bus as usual.
- 2. I (Parent) will pick-up my child/children in car-line and no other person is permitted to do so.
- 3. My child will go home as indicated below (must also be listed under section V):

IV. EMERGENCY-RELATED DISMISSAL IN THE EVENT OF AN UNSCHEDULED EARLY DISMISSAL RELATED TO SOME NATIONAL EMERGENCY AS EXPERIENCED ON SEPTEMBER 11TH, PLEASE DISMISS MY CHILD AS FOLLOWS:

- 1. Same as indicated above in section III.
- 2. My child will ride the bus as usual.
- 3. I (Parent) will pick-up my child/children in car-line and no other person is permitted to do so.
- 4. My child will go home as indicated below (must also be listed under section V below):

V. PICK-UP APPROVAL

LIST BELOW THOSE INDIVIDUALS THAT HAVE YOUR CONSENT TO SIGN YOUR CHILD/CHILDREN OUT FROM SCHOOL IN AN EARLY DISMISSAL OR EMERGENCY DISMISSAL SITUATION.

NAME	RELATIONSHIP TO CHILD
1. _____	_____
2. _____	_____
3. _____	_____
4. _____	_____

Signature of Parent/Guardian #1

Date

Signature of Parent/Guardian #2

Date

Please turn this completed form into school office on the first day of school.