

# EMERGENCY CONTACT 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 NON-PARENT EMERGENCY CONTACT!

**FAMILY NAME:** \_\_\_\_\_ (Last name of primary parent/guardian)

STUDENT NAME (list each enrolled child individually)	GRADE	HOMEROOM

**FATHER/ MALE GUARDIAN**  
 Call First (check one parent)

**MOTHER/FEMALE GUARDIAN**  
 Call First (check one parent)

<b>NAME:</b> <b>STREET:</b> <b>CITY/ZIP:</b> <b>EMPLOYER:</b> <b>TITLE:</b> <b>INDUSTRY:</b> <b>WORK HOURS:</b> <b>WORK PHONE:</b> <b>CELL PHONE:</b> <b>HOME PHONE NUMBER:</b> _____ UNLISTED	<b>NAME:</b> <b>STREET:</b> <b>CITY /ZIP:</b> <b>EMPLOYER:</b> <b>TITLE:</b> <b>INDUSTRY:</b> <b>WORK HOURS:</b> <b>WORK PHONE:</b> <b>CELL PHONE:</b> <b>HOME PHONE NUMBER:</b> _____ UNLISTED
<b>E-MAIL :</b> _____	<b>E-MAIL:</b> _____
<b>ARE YOU A ST. JAMES ALUM?</b> _____ <b>GRADUATION YEAR:</b> _____	<b>ARE YOU A ST. JAMES ALUM?</b> _____ <b>GRADUATION YEAR:</b> _____

We have an emergency call system in place to send out phone alerts to parents in the event of an emergency. Each family may have up to 2 special phone alert phone numbers on file. Please indicate the numbers you would like to register below:

<b>PHONE#1:</b> _____	<b>PHONE#2:</b> _____
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**CURRENT PARENTAL MARIATAL STATUS:** married separated divorced single/never married widowed

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

**I. CONSENT TO RELEASE:** 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. We will also ASSUME CONSENT to utilize your child’s photo as indicated below if you leave the boxes unchecked. Photos posted on the web will be used to showcase school activities. Unless a student wins an award and we announce this with a photo on the website or a press release to the media. names are not generally associated with a photographs.

**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.)

**USE OF CHILD’S PHOTO: Please check all which apply or leave blank to give consent.**

- I do not consent to have my child’s photo placed on the school’s main website
- I do not consent to have my child’s photo utilized for publicity purposes.
- I do not consent to have my child’s photo used on a teacher’s classroom website.
- If my child wins an award, I do not consent to have my child’s picture used to announce the award.

over

**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 11<sup>TH</sup>, 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.**