



EMERGENCY CONTACT FORM

YOU MUST SUBMIT THIS FORM WITH AT LEAST 1 NON-PARENT EMERGENCY CONTACT. WRITE INFORMATION NEATLY USING A DARK PEN.

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

STUDENT NAME	CURRENT GRADE	HOMEROOM NUMBER	HOW DOES STUDENT GO HOME?

	PARENT/GUARDIAN#1 <input type="checkbox"/> Call First (check only one)	PARENT/GUARDIAN #2 <input type="checkbox"/> Call First (check only one)
First Name:		
Last Name:		
Address: Street plus City, State & Zip		
Home Phone:		
Cell Phone:		
Work Phone:		
Email:		
Are you a SJS Alumnus?	<input type="checkbox"/> NO <input type="checkbox"/> YES/Year of Graduation:	<input type="checkbox"/> NO <input type="checkbox"/> YES/Year of Graduation:
Occupation:		
Employer:		
Position:		
Work Hours:		
If self-employed, what type of business are you in?		

CURRENT PARENTAL MARITAL STATUS: married separated divorced single/never married widowed

ARE THERE ANY CHILD-RELATED CUSTODIAL ISSUES THAT THE SCHOOL SHOULD BE AWARE OF: NO YES
IF "YES", THE SCHOOL WILL REQUIRE SUPPORTING PAPERWORK ON FILE.

CHILD/CHILDREN PRIMARILY RESIDE WITH: Both Parents Mother Father Other: _____

MEDICAL PREFERENCE INFORMATION:

CHILD'S PHYSICIAN NAME	ADDRESS	PHONE	HOSPITAL OF PREFERENCE

FAMILY NAME: _____ (same as top of page 1)

IN THE EVENT OF AN UNSCHEDULED EMERGENCY DISMISSAL IN THE EVENT OF AN UNSCHEDULED EARLY DISMISSAL: (check one)

- _____ 1. My child/children will ride the bus as usual.
- _____ 2. I (parent) will pick-up my child/children in the car-line and no other person is permitted to do so.
- _____ 3. My child/children will go home with one of the individuals listed on this form.

EMERGENCY CONTACTS: *AT LEAST ONE (NON PARENT) CONTACT REQUIRED. Please check consent box to indicate those individuals who are permitted to pick-up your child/children from School or the After School Program.*

#1 EMERGENCY CONTACT NAME	RELATIONSHIP	HOME PHONE	CELL PHONE	PICK-UP CONSENT
ADDRESS (print clearly):				
#2 EMERGENCY CONTACT NAME	RELATIONSHIP	HOME PHONE	CELL PHONE	PICK-UP CONSENT
ADDRESS (print clearly):				
#3 EMERGENCY CONTACT NAME	RELATIONSHIP	HOME PHONE	CELL PHONE	PICK-UP CONSENT
ADDRESS (print clearly):				
#4 EMERGENCY CONTACT NAME	RELATIONSHIP	HOME PHONE	CELL PHONE	PICK-UP CONSENT
ADDRESS (print clearly):				

CONSENT: If you leave the boxes below unchecked, we WILL ASSUME CONSENT. Photos posted on the web will be used to showcase school activities. Student names are not associated with photographs on our website or in school publications, unless it is to announce an achievement or a prize.

DO NOT SHARE MY CONTACT INFORMATION WITH CLASSMATES FOR SOCIAL PURPOSES. Keep our family contact information confidential for official use only. Note: if checked, your child's name will appear on class rosters, but all other data will be eliminated.

I/WE DECLINE CONSENT TO USE CHILD/CHILDREN(S) PHOTOS: If checked, your child's photos will not be included on the school's main website for publicity purposes, i.e. brochures or ads, on a teacher's classroom website or on any related announcements, i.e. if he/she wins an award that is newsworthy.

Although the above recommendation of the parent/guardian will be respected as far as possible, I understand that the final disposition of an emergency case, the judgement of the school authorities will prevail. Anytime the above information must be changed I will notify the principal in writing.

 Signature of Parent/Guardian

 Date