

STUDENT HEALTH AND EMERGENCY INFORMATION FORM

Please complete the following information below and return to school before August 24, 2010. Please call the school office if assistance is needed to complete form. Each child must have their own form.

Student's Name _____
Last First MI

Address _____

Home Phone () - _____

Sex _____ Date of Birth ____/____/____ Primary Language _____

Does your child have Health Insurance? ____ Yes ____ No Policy # _____

Health Insurance Co. _____

If you have no health insurance, Massachusetts has health insurance plans that will provide uninsured children with affordable health care (restrictions may apply). Please contact the school office for more information about these programs. All communications will be confidential.

Mother/Guardian/Other _____ Home Address _____

Name of Employer _____ occupation _____

Work Address _____

Phone: Home () _____ Work () _____ Ext. _____ Cell () _____

Father/Guardian/Other _____ Home Address _____

Name of Employer _____ occupation _____

Work Address _____

Phone: Home () _____ Work () _____ Ext. _____ Cell () _____

Name/Grade of siblings in school building _____

****EMERGENCY CONTACTS**** Other than parents (used only if parents are unable to be reached)

Name _____ Relationship _____ Daytime Phone _____

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In case of medical emergency, the school will attempt to contact parent/guardian before calling student's primary care provider. Your child will be transported by ambulance to an emergency care facility if necessary.

Physician Name _____ Phone _____

Dentist Name _____ Phone _____

Please list all medication that your child takes.

Please list any allergies that your child has.

I give permission to the school nurse to share information relevant to my child's health condition with appropriate school personnel when needed to meet my child's health and safety needs. I give permission to exchange information with my child's primary care physician for the purpose of referral, diagnosis and treatment.

Signature _____ Date _____

(please fill out on reverse)

CHILD LIVES WITH:

___ both parents ___ mother ___ father ___ other: _____

** If parents are separated, divorced, or unmarried please submit information and court documents regarding custodial rights/visitation to the Principal.

List any information we may need to be aware of:

TRANSPORTATION INFORMATION:

___ Bus # ___ (circle: mon tues wed thurs fri)
___ Pick-up (circle: Primary Middle school Preschool/Kindergarten)
___ After School Extended Care (ASEC) (circle: mon tues wed thurs fri)

WALKING PERMISSION:

(Pre3-4th grade) I give permission for my child to walk to and from Blessed Sacrament School/Church/Rectory buildings while escorted by a teacher, staff member, or administrator.

Child's name _____ Parent's Signature _____ Date _____

(Gr. 5-8) I give permission for my child to walk to and from Blessed Sacrament School/Church Rectory buildings while in a small group of students or with a teacher, staff member, or administrator.

Child's name _____ Parent's Signature _____ Date _____

PERMISSION TO RELEASE INFORMATION:

I give Blessed Sacrament School permission to release the following information for the purpose of invitations, play dates, and Room Parents for the exchange of school information.

___ address & phone number ___ address only ___ phone number only

Child's Name _____ Parent's Signature _____ Date _____

PERMISSION TO BE PHOTOGRAPHED:

I give permission to Blessed Sacrament School to include my child's name and/or photograph in publications at any time. Pictures and names will only be used for brochures, newspaper articles, or any publication that would promote or support our school. No addresses will be used.

Child's Name _____ Parent's Signature _____ Date _____
