

Parent/Guardian 1

Last, First

Home Address: _____
City State Zip

Place of Employment: _____

Occupation: _____

Catholic: ____ Non-Catholic: ____ Parish: _____

Relationship to Student: _____

Home Phone: _____

Cell Phone: _____

Email Address: _____

Work Phone: _____

Parent/Guardian 2

Last, First

Home Address: _____
City State Zip

Place of Employment: _____

Occupation: _____

Catholic: ____ Non-Catholic: ____ Parish: _____

Relationship to Student: _____

Home Phone: _____

Cell Phone: _____

Email Address: _____

Work Phone: _____

Parent/Guardian 3

Last, First

Home Address: _____
City State Zip

Place of Employment: _____

Occupation: _____

Catholic: ____ Non-Catholic: ____ Parish: _____

Relationship to Student: _____

Home Phone: _____

Cell Phone: _____

Email Address: _____

Work Phone: _____

Parent/Guardian 4

Last, First

Home Address: _____
City State Zip

Place of Employment: _____

Occupation: _____

Catholic: ____ Non-Catholic: ____ Parish: _____

Relationship to Student: _____

Home Phone: _____

Cell Phone: _____

Email Address: _____

Work Phone: _____

Listing and Permission Information (Please initial all that apply)

_____ I understand there is a uniform requirement.

_____ I give consent for the use of photographs of our Child(ren), taken at school or on field trips, for the St. Michael Catholic School website. Such photographs will not identify children by last name.

_____ I give consent for the use of photographs of our Child(ren), artwork or written work of a non-personal nature on the the St. Michael Catholic School website. Such photographs will not identify children by last name.

Emergency Contact and Medical Information for a Child

M F

Child's Name

Date of Birth

Sex

Parent's/Guardian's Name

Parent's/Guardian's Name

Home Phone

Cell

Home Phone

Cell

Address

Address

City, ST ZIP Code

City, ST ZIP Code

Alternative Emergency Contacts

Primary Emergency Contact

Secondary Emergency Contact

Home Phone

Cell

Home Phone

Cell

Address

Address

City, ST ZIP Code

City, ST ZIP Code

Medical Information

Hospital/Clinic Preference

Physician's Name

Phone Number

Insurance Company

Policy Number

Allergies/Special Health Considerations

I authorize all medical and surgical treatment, X-ray, laboratory, anesthesia, and other medical and/or hospital procedures as may be performed or prescribed by the attending physician and/or paramedics for my child and waive my right to informed consent of treatment. This waiver applies only in the event that neither parent/guardian can be reached in the case of an emergency.

Parent's/Guardian's Signature

Date