St. Elizabeth Ann Seton Religious Education

(914) 528-8553 / email: setonre@bestweb.net

Confidential Emergency Form – 2016/2017

ONE FOR EACH STUDENT

(office) grade/day/room

Name: _____ Date of Birth: _____ Today's date: _____

Full Address: _____ Phone: _____

Email address (for ***ALL*** correspondence) _____

Who does child reside with? _____

Order in which should be called if emergency

Father's Name: _____ work/cell phone_____ _____

Mother's Name: _____ work/cell phone_____ _____

Legal Guardian: _____ work/cell phone_____ _____

Other: _____ work/cell phone_____ _____

(Indicate relationship to child)

Public School child attends _____

Medical/Special Education Needs Information (Confidential – for office use only)

Indicate below any special medical conditions of this child (diabetes, asthma, allergies, etc.) and/or special education needs (hearing/vision/physical impairment, autism, ADHD, etc). List any medications child may be taking as well as any specific emergency care and/or educational care, relative to the condition, that the Office should be made aware.

_____

_____

Please list the names of any individuals that have your permission to pick your child up from class:

Name: _____ Relationship to child: _____

Name: _____ Relationship to child: _____

In case of Emergency:
Persons to Contact If Parent/Legal Guardian Cannot Be Reached:

Name: _____ Phone/cell: _____

Address: _____

Email address: _____ Relationship: _____

Doctor for Emergency: _____ Phone/cell: _____

Address: _____

In case of accident or illness, I request that the representative of the Parish Religious Education program contact me. If I am unable to be reached, I hereby authorize this representative to call the physician indicated and to follow the physician's instructions. If it is impossible to contact this physician, the representative of the Parish Religious Education program may make whatever arrangements seem necessary. I agree to assume the financial responsibility for any diagnosis, treatment and/or medication deemed necessary.

To the best of my knowledge all information given is accurate and complete. I hereby consent to, and authorize the necessary procedures that have been stated above.

Parent/Guardian Signature: _____ Date: _____

Media Permission: Yes _____ No _____

(From time to time pictures may be taken during a class project or retreat.)