

St. Stephen School

To Love, To Inspire – To Achieve!

Discipleship Embodied • Partnership Embraced • Scholarship Celebrated • Leadership Modeled • Citizenship Personified

Emergency Information 2010 - 2011
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FAMILY NAME

<i>Student Name</i>	<i>Grade</i>	<i>Student Name</i>	<i>Grade</i>

HOME PHONE NUMBER:

Father's Name _____ Mother's Name _____

Father's Cell _____ Mother's Cell _____

E-MAIL:

Parent/Guardian place of employment

Father _____ Hours _____ Phone _____

Mother _____ Hours _____ Phone _____

Name of LOCAL person to contact if parent/guardians are not available

Name _____ Relationship _____

Address _____ Phone _____

Health Information

Primary Insurance Carrier _____ Policy/Group Number _____

Doctor/Pediatrician Name _____ Phone _____

Dentist Name _____ Phone _____

Does your child have any unusual health conditions? Yes No
 If yes, please indicate

Health Information continued

Are there any physical or emotional limitations the Instructor and staff should consider in working with your child? Yes No

If yes, please explain:

Signature _____ **Date:** _____

Emergency Medical Authorization

In the event reasonable attempts to contact me at the above listed phone numbers have been unsuccessful, I hereby give consent to the administration of emergency medical treatment by any licensed physician or dentist and to transport my child to any reasonably accessible hospital facility.

Parent/Guardian Signature:

Date:

Photo Release

I give permission to St. Stephen School to publicly display photographs, writings, drawings, media images or audiotapes of my child for the promotion of the school.

Parent/Guardian Signature:

Date:

CUSTODIAL RIGHTS

Information will be provided to both parents unless a court order supersedes this. If this is the case, a copy of the court order should be attached.