**FAMILY EMERGENCY and ILLNESS INFORMATION**

Please provide the following information, ***per child***; please use a **pen** and **print:**

Last Name of Student: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_First Name**: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

Entering Grade: **\_\_\_\_\_\_\_\_\_\_\_**

Home Address of Student:

City State Zip Code

Home Phone Number: Date of Birth:

Parent Email:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Catholic: Yes No Parish

**Oldest** St. Michael's Academy student in family designated to receive notices:

**Parent/Guardian Student(s) lives with:**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Name:** | **Relationship:** | **Cell Phone #** | **Employer** | **Work Phone #** |
|  |  |  |  |  |
|  |  |  |  |  |

**Non-Custodial Parent – Doesn’t live with student:**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Name:** | **Relationship:** | **Address** | **Cell Phone #** | **Work Phone #** |
|  |  |  |  |  |
|  |  |  |  |  |

**\***Should duplicate copies of report cards and other records be sent to the non-custodial parent? Yes No

If yes, please make sure that you have supplied the mailing address in the box above.

**\***Does the non-custodial parent wish to attend parent/teacher conferences? Yes No

Please list four (4) local adults, other than parent/guardian, whom we can contact in the event your child becomes sick or injured at school and need to leave. As a courtesy, please be sure that these people have been informed of their responsibility.

|  |  |  |  |
| --- | --- | --- | --- |
| **First Name:** | **Last Name:** | **Relationship: (Relative, Friend, Neighbor, etc.)** | **Daytime Phone #** |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |

Does your child(ren) communicate in any language **other** than English? Yes No

If “yes,” what language?

For the purpose of annual school census information that we must provide to the Diocese of Springfield, the Commonwealth of Massachusetts and the National Catholic Educational Association (NCEA), please check your child’s / children’s **racial background AND ethnic identity**:

White Black or African-American Asian Native Hawaiian or Pacific Islander

American Indian or Alaskan **Ethnicity**: Hispanic or Latino Not Hispanic or Latino

**Please fill out the back of this form →**

Family Emergency and Illness Information, page 2

Does your child require that medication be administered during school hours? Yes No

If yes, please list

Medical Problems or Concerns: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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Allergies: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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My Child has permission to use hand sanitizer: Yes\_\_\_\_\_\_\_\_\_\_\_ No\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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**IN CASE OF EMERGENCY:**

Child’s Full Name (including middle): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Physician’s Name: Office Phone #

Dentist’s Name: Office Phone #

Preferred Hospital:

*If emergency care is required, and the parent or legal guardian cannot be reached immediately, your signature in the space provided below empowers the school authorities to exercise their own judgment in calling the physician listed on this form or, if not available, to transport the child to a hospital emergency room. Likewise, your signature below is not sufficient for the release of confidential information protected by Federal Law.*

Parent Signature: Date:

**DISMISSAL LINES**

**Please check off the correct dismissal line for your child:**

**WALKERS:** \_\_\_Wheeler / Plumtree \_\_\_\_Eddywood / Plumtree \_\_\_\_Arvilla / Wheeler \_\_\_\_Arvilla / Eddywood

**CAR PICK-UP LINE:** \_\_\_\_Wheeler Avenue (Last Names A-M) \_\_\_\_Eddywood Street (Last Names N-Z)

**BUS RIDER**: \_\_\_\_Bus #

**EXTENDED DAY PROGRAM:** \_\_\_Monday \_\_\_Tuesday \_\_\_Wednesday \_\_\_Thursday \_\_\_\_Friday

IMPORTANT: If your child’s dismissal line will be different on ANY day, you must send a note to your child’s teacher that day. Any student unsure of his/her dismissal plan will be sent to the Extended Day Program.