

Holy Name Catholic School: Personal Information

Office: _____ Birth Certificate _____ Immunization Record _____

STUDENT INFORMATION:

Aftercare Needed: Y N

Current Date: _____

Student Last Name _____ First Name _____ Sex: M F

Birthdate _____ Age _____ Grade Level: PK K 1 2 3 4 5 6 7 8 Religion: _____ Registered in Parish: Y N

Sacraments (circle): Baptism First Communion Confirmation

Ethnic Code (circle): Native American Asian Black/African American Hispanic White/Caucasian Other: _____

Student Lives With (circle): Both Parents Father Mother Grandparent Other: _____

PARENT/GUARDIAN INFORMATION:

Father's Name: _____ Legal Guardian: Y N E-mail Address: _____

Address: _____ Cell Phone# _____ Work # _____

Occupation _____ Employer _____

Mother's Name: _____ Legal Guardian: Y N E-mail Address: _____

Mailing Address: _____ Cell Phone# _____ Work # _____

Occupation _____ Employer _____

In the case of an emergency and if a parent /guardian cannot be reached, the following people may remove the child from care without previous notice:

Name: _____ Relationship: _____ Phone# _____

Address: _____

Name: _____ Relationship: _____ Phone# _____

Address: _____

Newsletter (circle): Email Hardcopy Both

Contact me about serving on (circle): PTO School Advisory Board

MEDICAL INFORMATION

Special Medical Conditions/Fears Food, Drug or other Allergies _____

Doctor's Name: _____ Phone# _____ Dentist's Name: _____ Phone# _____

I give permission for my K-8 child to be administered acetaminophen/Tylenol, aspirin, ibuprofen/Advil, Midol, throat lozenges/chloroseptic spray, antacids, anti-itch creams and Benadryl, antibiotic ointments, or Other: _____

Prescription Medication: _____ Dr. Signature: _____

Initial

_____ **Authorization to Administer Medications:** I give permission for individuals designated by the principal to administer the above medications. By signing this form, I agree to hold harmless and indemnify Holy Name Catholic School and any staff member for any and all losses that may be occasioned as a result of taking this medication, including adverse reactions. **PK students need additional paperwork from Director.**

_____ **Authorization for Medical Care:** If illness or injury occurs, I authorize staff of Holy Name Catholic School, on my behalf, to call my child's physician, necessitate treatment by a qualified health care provider(s), or take my child to the nearest emergency medical facility in the event I cannot be reached.

_____ **Authorization to Transport:** I hereby authorize Holy Name Catholic School to transport my child.

_____ **Computer/Internet Use Agreement:** Holy Name Catholic School does not condone the use of offensive inaccurate or illegal materials and does not permit usage of such materials in the school environment. Students who knowingly bring such materials into the school environment will be dealt with according to existing student discipline policies.

_____ **Permission to use videos/pictures:** Holy Name Catholic School asks your permission to use videos and pictures of your child(ren) for promotional and educational purposes.

_____ **HNCS Handbook:** My student has received a copy of the Handbook, including Code of Conduct. We understand that this handbook is the official policy of Holy Name Catholic School and that Holy Name Catholic School will implement these policies according to the included guidelines.

Signature _____

Date _____

(Form updated 1/31/2018)