



**BLESSED
SACRAMENT
SCHOOL**
**Emergency
Contact Form
2019-2020**

Child(ren) Please give legal name, list in order from oldest to youngest:	Child(ren) Last Name:	
Child 1:	DOB ___ / ___ / _____	Grade
Child 2:	DOB ___ / ___ / _____	Grade
Child 3:	DOB ___ / ___ / _____	Grade
Child 4:	DOB ___ / ___ / _____	Grade

Child(ren)'s Residential Information:	
Street / Apartment	
City/State/Zip	
Parent/Guardian Name, Employer & Address:	
Mother: (circle: primary or secondary)	Father: (circle: primary or secondary)
Home Street Address (if different)	Home Street Address (if different)
City/State/Zip	City/State/Zip
Employer/Occupation	Employer/Occupation

Phone Numbers: School closings, delays and special announcements will periodically be made through our telephone notification system. <input checked="" type="checkbox"/> At least one number is required to be checked for the OPTION C telephone notification system.			
	✓	← Check which number(s) to use for telephone notifications →	✓
Mother Home	<input type="checkbox"/>	Father Home	<input type="checkbox"/>
Mother Cell	<input type="checkbox"/>	Father Cell	<input type="checkbox"/>
Mother Work	<input type="checkbox"/>	Father Work	<input type="checkbox"/>
Mother Alternate	<input type="checkbox"/>	Father Alternate	<input type="checkbox"/>

Email Addresses: Important school news and announcements will be made on the website and through email. Please list any email address you would like to be used to receive this important information. Grades and homework will also be available through our online grade book. The primary email will be used to set up the Option C account for each student.	
Mother Primary	Father Primary
Additional	Additional

Alternate Contacts - (in the event parents cannot be reached) When applicable, also include these names in Pickup List:		
Name	Relationship	Phone
Name	Relationship	Phone

Pickup List - List persons to whom your child may be released other than parent without a note.



Child(ren) Last Name: _____

Consent to Publish for Marketing/Public Relations Purposes: Please check approval from the statement below:

I DO or DO NOT (check one) give permission to BSS to use my child's photo and/or quotes for public relations purposes. This includes recognition in the weekly emailed newsletter, facebook and marketing materials.

Signature of Parent/Guardian: _____ **Date** ____/____/____

Health Information: If nothing applies mark N/A. Please attach additional paper if necessary.

Does your child have any known allergies (drug, food, dust, plant, animals, etc.)? Does your child have any health concerns or conditions we should be aware of?	Please list any information concerning your child which may be helpful in his/her experience at BSS. Please include playing, eating and sleeping habits, special fears, likes, dislikes, etc
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Child 1	Child 1
Child 2	Child 2
Child 3	Child 3
Child 4	Child 4

Emergency Information:

Family Physician	Family Dentist	Hospital Preference
Phone	Phone	Phone

Comments

Emergency Care Authorization:

I agree that the school/child care operator may authorize the physician of his/her choice to provide emergency care in the event neither I nor the family physician can be contacted immediately. PLEASE SIGN BELOW!

Please check if approve: ____YES, The school/child care provider may apply antibiotic topical ointment (ex. Neosporin) if needed.

Signature of Parent/Guardian: _____ **Date** ____/____/____