St. Mary's School of Piscataway
EMERGENCY CONTACT INFORMATION
Fall 2022 - Spring 2023
<u>PLEASE PRINT LEGIBLY</u>

Student's Name: _____ Grade: _____

Address: _____ Date of Birth: _____

_____ Home Phone: _____

Family E-mail: _____

Allergies/Illnesses: _____

WHERE CAN PARENTS BE REACHED IF NOT AT HOME?

Mother's Name: _____ Work Phone: _____

E-mail: _____ Cell Phone: _____

Father's Name: _____ Work Phone: _____

E-mail: _____ Cell Phone: _____

LIST TWO NEIGHBORS OR NEARBY RELATIVES WHO WILL ASSUME TEMPORARY CARE OF YOUR CHILD IF YOU CANNOT BE REACHED.

Name: _____ Relationship: _____

Address: _____ Home Phone: _____

_____ Work Phone: _____

Cell Phone: _____

Name: _____ Relationship: _____

Address: _____ Home Phone: _____

_____ Work Phone: _____

Cell Phone: _____

I hereby warrant that to the best of my knowledge, my child is in good health, and I assume all responsibility for the health of my child. In the event of an emergency, I hereby give permission to transport my child to a hospital for emergency medical or surgical treatment. I wish to be advised prior to any further treatment by the hospital or doctor. In the event of an emergency, if you are unable to reach me at the above numbers, contact:

Physician's Name: _____ Physician Phone: _____

Physician's Address: _____

Health Insurance Provider: _____ Insurance ID Number: _____

I agree on behalf of myself, my child named herein, or our heirs, successors, and assigns, to hold harmless and defend St. Mary's School of Piscataway, its officers, directors, employees and agents, and the Archdiocese of Washington, its employees and agents, chaperones, or representatives associated with the event, from any claim arising from or in connection with my child attending the event or in connection with any illness or injury (including death) or cost of medical treatment in connection therewith, and I agree to compensate the parish, its officers, directors and agents, and the Archdiocese of Washington, its employees and agents and chaperones, or any representative associated with the event for reasonable attorney's fees and expenses which may incur in any action brought against them as a result of such injury or damage, unless such claim arises from the negligence of the parish, school, or Archdiocese of Washington.

Signature of Parent/Guardian: _____ Date: _____

Medications: My child is taking medication at present. St. Mary's School of Piscataway has been provided with the medications necessary, and such medications have been well-labeled. A current Maryland State School Medication Administration Authorization Form has been completed and provided to the school office. Names of medications and concise directions for seeing that my child takes such medications, including dosage and frequency of dosage is provided on this form which is kept on file by the school office.

Signature of Parent/Guardian: _____ Date: _____

No Medications: No medication of any type, whether prescription or non-prescription, may be administered to my child unless the situation is life-threatening and emergency treatment is required.

Signature of Parent/Guardian: _____ Date: _____

Specific Medical Information: The school/parish will take reasonable care to see that the following information will be held in confidence.

Allergic reactions (medications, foods, plants, insects, etc.): _____

Immunizations: Date of last tetanus/diphtheria immunization: _____

Does child have a medically prescribed diet?   If yes, please describe: _____

_____

Does your child have any physical limitations? If yes, please describe: _____

_____

Is child subject to chronic homesickness, emotional reactions to new situations, sleepwalking, bedwetting, fainting? If

yes, please describe: _____

_____

Has child recently been exposed to a contagious disease or condition, such as mumps, measles, chicken pox, etc.? If

so, list date and disease or condition: _____

_____

You should be aware of these special medical conditions of my child: _____

_____

_____