



**St. Martin of Tours
CATHOLIC SCHOOL**

An Independence Mission School

**Student Information Form/Emergency Contact
2019-2020**

Please notify the school office when there is ANY change in the information supplied below.

DISMISSAL TRANSPORTATION: My child will: ride the bus walk home be picked up in carline

Student Name _____

Date of Birth _____ Grade _____

Mother/Guardian _____ Home Phone # _____

Mother's email _____

Home Address _____

Place of Employment _____ Address _____

Work Phone # _____ Cell Phone # _____

Father/Guardian _____ Home Phone # _____ (if different)

Home Address (if different) _____

Place of Employment _____ Address _____

Work Phone # _____ Cell Phone # _____

Father's email _____

If unable to reach a parent/guardian in the event of a medical emergency, it is necessary to have 2 emergency contacts. These contacts must be aware that they would need to be available to come and pick up your child in the event of illness/injury. These are also the only people you permit to pick your child up from school in case of emergency. If you would like to list more emergency contacts, please indicate them on the back of this sheet.

1st contact	2nd contact
Name/Relationship _____	_____
Address _____	_____
_____	_____
Home Phone # _____	_____
Work Phone # _____	_____
Cell Phone # _____	_____

Parental Information:

Single Married Separated Divorced Father Deceased Mother Deceased

If divorced, please indicate who has Legal (Court Decreed) Custody of Student _____

Restraining Order? Yes No

Student Lives with: Both Parents Mother Only Father Only Grandparents Guardian

English Spoken in Home? Yes No



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If no English, please indicate an English speaking contact: Name _____ Phone #: _____

It is imperative that we are informed of any medical condition/s that your child may have. If medication is required during the school day send the original labeled container to school with written permission to administer and store medicine in the nurse's office. **NOTE: Students are NOT permitted to carry medicine in school. EPI PEN AND ASTHMA INHALERS MUST BE SENT TO SCHOOL WITH PHYSICIAN'S INSTRUCTIONS.**

PLEASE LIST ANY ALLERGIES OR MEDICAL CONDITIONS HERE:

In the event of a medical emergency when I cannot be contacted I, the undersigned, hereby give my consent for my child to be taken the hospital for emergency treatment.

Signature of: Parent/Guardian _____ Date _____

Additional Emergency Contacts:

I grant permission for the following people to pick my child up from school. Any persons picking your child up will be asked to show photo identification and MUST be listed on this form. I understand my child will NOT be released to anyone not listed on this form without verbal consent from myself or a written note sent into school listing that person's name.

Name: _____ Relationship _____

Name: _____ Relationship _____

Name: _____ Relationship _____

Name: _____ Relationship _____

Name: _____ Relationship _____

Name: _____ Relationship _____

Name: _____ Relationship _____

Name: _____ Relationship _____

Name: _____ Relationship _____

Name: _____ Relationship _____

Name: _____ Relationship _____