

EMERGENCY INFORMATION AND RELEASE FORM for St. Frances Cabrini School
(PLEASE PRINT CLEARLY - Complete one form for each child.)

FAMILY NAME _____ Mother _____ Father _____

Student Name: _____ Last _____ First _____ MI _____ Grade _____

Siblings at SFC School:

Name	Grade	Name	Grade
_____	_____	_____	_____
_____	_____	_____	_____

In the event of an emergency, the school will first attempt to contact this child's parent/s:

Mom's Home Phone #: _____ Dad's Home Phone #: _____
Mom's Work #: _____ Mom's Cell #: _____ Mom's Email _____
Dad's Work #: _____ Dad's Cell #: _____ Dad's Email _____

If the school is unable to contact either parent/guardian, I authorize you to contact and/or release my child to the person(s) listed below (YOU MUST LIST AT LEAST TWO CONTACTS)

Name: _____ Relationship: _____
Home phone #: _____ Work Phone # _____ Cell # _____

Name: _____ Relationship: _____
Home phone #: _____ Work Phone # _____ Cell # _____

Name: _____ Relationship: _____
Home phone #: _____ Work Phone # _____ Cell # _____

Please list one out of state contact in case local phone service is interrupted:

Name: _____ Relationship: _____
Home phone #: _____ Work Phone # _____ Cell # _____

Health Concerns: (Use other side for more information; identify allergies to food/other/reactions/treatment)

Child's Doctor: _____ Phone: _____
Family Health Plan: _____ Policy # _____
Hospital Preference: _____

Medication/s: (If your child needs regular medication, a three (3) day supply should always be on hand at school with the authorization from the physician - use form in School Handbook.)

Name of medication:	Given for:	Dosage
_____	_____	_____

In the event of an emergency I hereby give my 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.

PARENT SIGNATURE: _____ DATE _____

FOR OFFICE USE ONLY

This student was released to _____ Time of Release: _____

Signature of person to whom child was released: _____
Intended destination: (include address, if possible) _____

Signature of approval for release (Staff member **only**): _____

