

St. Joseph Catholic School

Emergency Procedure Card

Student: _____ **Grade:** _____ **Teacher:** _____

Birthdate: _____

Parents/Guardians Name: _____	Home Phone: _____
Address: _____	City: _____ State: _____ Zip: _____
Student's email: _____	Parent's email _____
	Parent's email _____
WE MAY PUT THE ABOVE ADDRESS, PHONE, & EMAIL IN THE STUDENT DIRECTORY: <input type="checkbox"/> YES <input type="checkbox"/> NO	

List brothers and sisters in this school and grade: _____

Father's Employer: _____ Work Phone: _____ Cell Phone: _____

Mother's Employer: _____ Work Phone: _____ Cell Phone: _____

Of the above who should be first contacted: _____

If we cannot be reached call: _____ Phone: _____

Relationship: _____ This person: has does not have permission to make emergency care decisions on behalf of the parents and student.

My child has permission to be picked up by: _____

My child may not be picked up by: _____

ELEMENTARY & MIDDLE SCHOOL students not picked up by 3:15, I will be charged a \$10.00 drop-in fee at the After School Care Program. Parent/Guardians signature _____

(Please check one) We plan to use the ASC program:
 regularly drop in as needed not at all.

Doctor's name and address: _____ phone# _____

Known allergies or medical conditions: _____

Other medical care information: _____

I authorize a representative of St. Joseph Catholic School to refer my child to the above named doctor.

Parent Signature: _____ Date: _____

For your information: Occasionally St. Joseph Catholic School may take photographs of the children that will be used in the yearbook and other promotional materials, they may also ride the school bus between our campuses for activities.

Permission for use: Yes No