

Enclose this document in the Emergency Preparedness Kit

St. Pius X School
Emergency Form

Dear Parents,

The following information is needed for each student’s Emergency Preparedness Kit. One form must be completed for each student. Space has been provided for you to list those people to whom the school may release your child in the event of an emergency situation.

Please return this form, within the kit by the first week of school, and help us by leaving no space blank. You may draw a line through the space, or write “N/A” in the spaces not relating to you. This way we know that you have not omitted anything.

Student Name _____ Age ____ Grade ____
Home Address _____
Home Telephone () _____ Work#Father() _____
Cell Phone _____ Work#Mother() _____

In case of an emergency, my child may be released to the following people:

Father _____
Mother _____

Others:

Name _____ Address _____ Phone _____
Name _____ Address _____ Phone _____
Name _____ Address _____ Phone _____

I authorize the person(s) listed above to be responsible for my child(ren) in an emergency. If unable to reach any of the above, I grant permission to the School (mark appropriate blanks) to:

_____ Call 911 and give permission to Medic 7 to administer medical attention, including medications and nursing care deemed necessary according to 911’s contact hospital/physician in charged.

_____ Transport my child(ren) via aide car to the nearest emergency center or _____ Hospital for emergency care.

_____ Use their best judgement in securing the health and safety of my child(ren).

Agreement

I agree to all the terms and conditions contained above in this contract.

Parent/Guardian Signature _____ Date _____

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