

SETON FAMILY EMERGENCY FORM 2012-2013

Name of Family or Guardian \_\_\_\_\_

Student Names \_\_\_\_\_

Home Telephone # \_\_\_\_\_ Cellular # \_\_\_\_\_

Mom's

Dad's

Parents Marital Status: Married/Separated/Divorced/Single/Remarried/Deceased? \_\_\_\_\_

Email Address \_\_\_\_\_

Registered Parish \_\_\_\_\_

Father's Place of Employment \_\_\_\_\_ Work# \_\_\_\_\_

Hours or Shift \_\_\_\_\_

Mother's Place of Employment \_\_\_\_\_ Work# \_\_\_\_\_

Hours or Shift \_\_\_\_\_

Contact people if parents can't be reached (Please write down more than one person):

1. \_\_\_\_\_  
Name and Relationship Phone Number

2. \_\_\_\_\_  
Name and Relationship Phone Number

3. \_\_\_\_\_  
Name and Relationship Phone Number

**Permission for medical care in parental absence—to be presented upon admission for treatment.**

Doctor to be Called: \_\_\_\_\_  
Name and Address Phone Number

In the event that my child may require emergency medical and/or surgical care while I am out of the city or unable to be reached, I hereby give my consent for treatment to the \_\_\_\_\_ hospital and to Doctor \_\_\_\_\_ or his/her designee to provide this care. I agree to pay all the costs and fees contingent on any emergency medical care and/or treatment for my child as secured or authorized under this consent.

NOTE! The ambulance has to check with the closest hospital to see if the child could stand the trip to a further hospital.

**SPECIAL HEALTH CONDITIONS WHICH MIGHT REQUIRE IMMEDIATE ATTENTION** (seizures, asthma, kidney or bladder conditions which necessitate frequent bathroom visits, food allergies, etc.):

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Medications, lotions, sunscreens, etc. NOT to be given to student (please list student name and medication): \_\_\_\_\_

\_\_\_\_\_

Permission to give my child sunscreen \_\_\_\_yes \_\_\_\_no;

Bug spray \_\_\_\_yes \_\_\_\_no

Parent/ Guardian signature

Date

**Please Complete Other Side**

In case of bad weather and students cannot be transported, please notify:

Name and Relationship	Address	Phone Number
Specific instructions in case of early dismissal due to bad weather ( <b>calling home is not an option</b> ):		

FIELD TRIP PERMISSION: At different times during the year we would like to take the students on short field trips such as nature walks for science, P.E. trips to Central Park, etc. For these trips we would like your permission for the entire year. Please sign the form below which will give us permission from you for the year. We will try to let you know when and if we do take the field trips.

I Hereby give my permission for \_\_\_\_\_ to go on short field trips with qualified personnel.

\_\_\_\_\_  
Parent's Signature Date

PHONE NUMBER RELEASE

- \_\_\_\_\_ We have an unlisted phone number.
- \_\_\_\_\_ We DO NOT want our phone number released to anyone outside of school personnel.
- \_\_\_\_\_ We DO NOT want our email address released to anyone outside of school personnel.
- \_\_\_\_\_ Our phone number may be released for public use.
- \_\_\_\_\_ Our phone number/email address may be released to Seton PTO.

PICTURE RELEASE

- \_\_\_\_\_ The school may release pictures and names of these students to the newspaper.
- \_\_\_\_\_ The school MAY NOT release pictures and names of these students to the paper.

\_\_\_\_\_  
Parent's Signature Date

TYLENOL PERMISSION FORM

My child(ren) have permission to be given a Tylenol if needed- only Tylenol 325 mg.(swallow type) and children's chewable is available.

_____ Name	amount	_____ Name	amount
_____ Name	amount	_____ Name	amount

Contact me before giving my child(ren) any Tylenol: \_\_\_\_\_ Yes \_\_\_\_\_ No

\_\_\_\_\_  
Parent's signature Date

