

St. Thomas the Apostle School

LIST NAMES OF CHILDREN

_____	_____
Last	First
_____	_____
Last	First
_____	_____
Last	First
_____	_____
Last	First

FAMILY/STUDENT HEALTH AND EMERGENCY INFORMATION

- PARENT/GUARDIAN \_\_\_\_\_  
ADDRESS \_\_\_\_\_ PHONE \_\_\_\_\_  
EMPLOYMENT \_\_\_\_\_ WORK PHONE \_\_\_\_\_  
E-MAIL ADDRESS \_\_\_\_\_ CELL PHONE \_\_\_\_\_
- PARENT/GUARDIAN \_\_\_\_\_  
ADDRESS \_\_\_\_\_ PHONE \_\_\_\_\_  
EMPLOYMENT \_\_\_\_\_ WORK PHONE \_\_\_\_\_  
E-MAIL ADDRESS \_\_\_\_\_ CELL PHONE \_\_\_\_\_

PERSONS TO CONTACT IF PARENTS ARE NOT AVAILABLE:

NAME _____	RELATIONSHIP _____	PHONE _____
NAME _____	RELATIONSHIP _____	PHONE _____

In the event of an emergency (earthquake or other disaster) release my children to: **(Complete only if different from the above)**

NAME _____	RELATIONSHIP _____	PHONE _____
NAME OF FAMILY DOCTOR _____		PHONE _____
NAME OF FAMILY DENTIST _____		PHONE _____
HOSPITAL PREFERENCE _____		PHONE _____
HEALTH INSURANCE (Check)		
Private/Group _____	Medicaid _____	No Health Insurance _____

THE SCHOOL IS REQUIRED TO HAVE CURRENT AND COMPLETE IMMUNIZATION RECORDS ON EACH CHILD BY THE FIRST DAY OF

The school will never dispense internal medication at the request of a student. **NO ASPIRIN/TYLENOL WILL BE DISPENSED.** In response to pain the school will arrange the medicine which is clearly labeled, be stored and dispensed by a responsible adult. Often this request is a temporary one. If you request on a regular basis, please explain: \_\_\_\_\_

The school will assist students who have minor accidents or ailments, by using ordinary external supplies such as bandages, antiseptic solution, adhesive packs, etc. If you **DO NOT** wish any of these supplies used for your child, please explain: \_\_\_\_\_

\*Financial assistance is available, for those who qualify, for dental and/or eye care, shoes, & immunizations. If you would like more information on this contact your school principal.

\*Vision and hearing screenings will be made annually.

**AUTHORIZATION FOR SCHOOL OFFICIALS IN CASE OF EMERGENCY:**

I authorize school officials to secure emergency treatment if I cannot be reached. I will assume responsibility for expenses incurred.

DATE \_\_\_\_\_ PARENT SIGNATURE \_\_\_\_\_

