

# **ST. LUKE CHURCH PARISH SCHOOL of RELIGION**

Office Phone: 521-0900

## EMERGENCY NOTIFICATION AND MAILING LIST INFORMATION

In order to notify parents/guardians in the case of an emergency or absence and to update our mailing list, please fill this out return it with your child to the next PSR class.

If you have more than one child in the PSR program, just send this in with the OLDEST child. Thank you.

**CHILD'S NAME:** \_\_\_\_\_  
Last First

**MOTHER'S NAME:** \_\_\_\_\_  
Maiden First

**ADDRESS:** \_\_\_\_\_

**TELEPHONE:** \_\_\_\_\_  
Home Cell

**FATHER'S NAME:** \_\_\_\_\_  
Last First

**ADDRESS:** \_\_\_\_\_

**TELEPHONE:** \_\_\_\_\_  
Home Cell

**E-MAIL ADDRESS:** \_\_\_\_\_

### ALSO SEND MAIL TO:

Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_

Relationship to Child: \_\_\_\_\_

### ADDITIONAL CHILD (REN):

Please list the additional  
Children and grade. \_\_\_\_\_

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

### WHO IS AUTHORIZED TO PICK UP CHILD (REN)?

NAME: \_\_\_\_\_ RELATIONSHIP: \_\_\_\_\_

Sign here if you permit your child to walk home. \_\_\_\_\_

Please use the reverse side of this form to alert us to any medical condition that we should know about. Our concern is for the safety of your child (ren).

## **EMERGENCY MEDICAL AUTHORIZATION**

If I cannot be contacted and it is advisable to send my child home due to minor illness or injury, my child can be released I the custody of:

<b>Name</b>	<b>Telephone Number</b>
1. _____	_____
2. _____	_____
3. _____	_____
Signature of Parent/Guardian: _____	Date: _____

### **PART 1: To Grant Consent**

I understand that in case of an emergency, reasonable attempts will be made to contact me at \_\_\_\_\_ (home phone), or \_\_\_\_\_ (cell phone/pager) or other parent or guardian at \_\_\_\_\_ (phone). If unable to contact either parent or guardian, I authorize \_\_\_\_\_ (Physician) at \_\_\_\_\_ (physician phone) it acts on my behalf.

If reasonable attempts to contact me or my physician fail, I authorize the moderators of St. Luke P.S.R to act in my place. My health insurance carrier is \_\_\_\_\_; Policy/Group/Claim #: \_\_\_\_\_

Signature of Parent/Guardian: \_\_\_\_\_ Date: \_\_\_\_\_

### **PART 2: Refusal to Consent**

I do not give my consent for emergency medical treatment of my child. In the event of illness or injury requiring emergency treatment, I wish the school authorities to take no action or to:

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

Signature of Parent/Guardian: \_\_\_\_\_ Date: \_\_\_\_\_