

**DIVINE SAVIOR CATHOLIC SCHOOL
STUDENT EMERGENCY INFORMATION/PERMISSION 2020-2021**

Child's Name: Last _____ First _____ Middle _____

Date of Birth _____ Male or Female _____ Grade _____ Ethnicity _____

Which School District do you live in? _____ Will you use the District Bus Transportation? Yes or No
(if yes, fill in) ___7:45am Arrival ___11:30am or 2:40pm Departure ___Both Arrival & Departure
Distance from your home to school - under 2 miles 2-5 miles over 5 miles

Primary phone # and email address: _____

Mother (Guardian) Home Address Home Phone Cell Phone email address

Place of Employment Address Phone email address

Father (Guardian) Home Address Home Phone Cell Phone email address

Place of Employment Address Phone email address

If we cannot contact either parent, please name a relative or friend we may contact in the case of emergency/illness:

| | | | | | |
|------|--------------|-------|------|--------------|-------|
| Name | Relationship | Phone | Name | Relationship | Phone |
|------|--------------|-------|------|--------------|-------|

AUTHORIZATION for EMERGENCY REFERRAL and MEDICAL TREATMENT

I _____ understand that in the case of extreme emergency, school personnel will make a decision as to what medical attention is necessary if parents/contacts can not be contacted. Every effort will be made to contact the parent, if time allows. If any of the above information changes, I will contact the school in writing. What would you like the school to do in the case that none of the above can be contacted and we feel that Medical attention is necessary?

Does your child have any physical disabilities, illnesses, allergies (specify if allergic to latex) the school should know about? _____

Is your child taking any medications the school should know about? If so, please list: _____

Doctor to be called _____ phone _____ Dentist to be called _____ phone _____

Preferred Hospital _____

SCHOOL CLOSING PLANS/SNOW DAYS OR OTHER EMERGENCIES

If weather becomes severe or another emergency arises during the school day, it may become necessary to dismiss school early. Extended Day will not be available when the school is closed for snow days or emergencies.

Place to go in the event of early dismissal: Home _____ Phone _____ Cell _____

Babysitter/Daycare _____ Phone _____ Alternate Plan _____

WALKING FIELD TRIP PERMISSION SLIP

Several times during the year the staff may take the children on a 'walking fieldtrip'. Please sign below to give us your permission for the trips. 'I give my permission to have my child accompany the class on walking fieldtrips':

Parent Signature _____

Date _____

Signature of Parent (Guardian)

Date