

ST. ANDREW'S UNITED METHODIST DAY SCHOOL  
2010 – 2011 EMERGENCY INFORMATION

Child's Name \_\_\_\_\_ Home Phone \_\_\_\_\_  
Grade \_\_\_\_\_ Date of Birth \_\_\_\_\_ Age \_\_\_\_\_  
Home Address \_\_\_\_\_ Zip \_\_\_\_\_  
Father's Name \_\_\_\_\_ Mother's Name \_\_\_\_\_  
Home Address (if different than above) \_\_\_\_\_  
Home Address (if different than above) \_\_\_\_\_  
Home Phone \_\_\_\_\_ Home Phone \_\_\_\_\_  
Business Name \_\_\_\_\_ Business Name \_\_\_\_\_  
Business Address \_\_\_\_\_ Business Address \_\_\_\_\_  
Occupation \_\_\_\_\_ Occupation \_\_\_\_\_  
Title \_\_\_\_\_ Title \_\_\_\_\_  
Business Phone \_\_\_\_\_ Business Phone \_\_\_\_\_  
Cell Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_  
Other \_\_\_\_\_ Other \_\_\_\_\_  
Please indicate the email addresses you would like to use for W (*Wednesday Weekly*) and D (*Student Directory*)  
W  D  Home email \_\_\_\_\_ W  D  Home email \_\_\_\_\_  
W  D  Work email \_\_\_\_\_ W  D  Work email \_\_\_\_\_  
Do you want to be listed in the School Directory (name, address, home phone, and home email)? **Yes**  **No**   
If two addresses, are both parents to receive mailings? **Yes**  **No**   
Names and grades of siblings who attend St. Andrew's United Methodist Day School \_\_\_\_\_

**EMERGENCY MEDICAL PROCEDURE**

Please list two persons who may be contacted in case of an emergency (i.e. illness, early dismissal, etc.) when the parents/guardians cannot be reached:

1. \_\_\_\_\_  
Name Relationship Phone  
2. \_\_\_\_\_  
Name Relationship Phone

In the event of a serious accident or illness, we will first attempt to reach the parent/guardian. If the parents cannot be reached, we will use the emergency names listed above.

Name of child's doctor and phone number: \_\_\_\_\_  
Insurance Company and Policy Number: \_\_\_\_\_

Does your child have a medical condition or allergy that the school should be aware of? (i.e. bee sting or poison ivy, serious food allergy) If yes, please explain:  
\_\_\_\_\_

**I give permission to authorized personnel to carry out such emergency diagnostic and therapeutic procedures as may be necessary for my daughter/son and also permit such procedures to be carried out at, and by the local hospitals in the event that my daughter/son has been taken there for emergency care. I understand that any medical expense will be directly billed to me or my insurance company.**

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

**AUTHORIZED PICK-UP PERSONS**

Please print the names of persons authorized by you to pick up your child.

1.			
	Name	Relationship	Phone
2.			
	Name	Relationship	Phone
3.			
	Name	Relationship	Phone

**NOTE: Special pick-ups not listed above must have written permission, signed by parent/guardian.**

Are there any circumstances under which a person or people are **not authorized** to pick up the child i.e. custody issues. **Yes**  If yes, please bring information to the office to be kept on file.

Both parents are authorized to pick-up the child: **Yes**  **No**

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

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**PHOTOGRAPH PERMISSION/RELEASE**

I hereby grant St. Andrew's United Methodist Day School the right to obtain or to use my child's photograph, digital image, or voice for publicity, educational or informational uses. Photographs used for publicity may be used on the website.

I understand that all publications, presentations and productions published in conjunction with St. Andrew's United Methodist Day School activities, will be used within the school system or community at large, and that all images, productions, and content, therein, become the property of St. Andrew's United Methodist Day School.

Student's Name: \_\_\_\_\_

Parent/Guardian Signature:

\_\_\_\_\_

Date: \_\_\_\_\_

*I do not grant* St. Andrew's United Methodist Day School the right to use any photograph of my child for any reason.

Student's Name: \_\_\_\_\_

Parent/Guardian Signature:

\_\_\_\_\_

Date: \_\_\_\_\_