

ST. ANDREW'S UNITED METHODIST DAY SCHOOL
2011 – 2012 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 _____

Do you want to be listed in the School Directory (name, address, home phone, and home email)? Yes No

Email _____

Email _____

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
4.	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: _____

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: _____