



Immaculate Conception Catholic School Emergency Information Form 2019-2020

***PLEASE COMPLETE BOTH SIDES.**

Dad's Last Name: _____

Mom's Last Name _____

Dad's First Name: _____

Mom's First Name _____

Dad's Date of Birth: _____

Mom's Date of Birth: _____

Dad's Address: _____

Mom's Address: _____

City: _____ State _____ Zip _____

City: _____ State: _____ Zip _____

Subdivision: _____

Subdivision: _____

Registered Parish: _____

Registered Parish: _____

Email _____

Email _____

Dad's Cell # _____

Mom's Cell # _____

Dad's Employer _____

Mom's Employer _____

Dad's Occupation _____

Mom's Occupation _____

Dad's Work # _____

Mom's Work # _____

Have you taken Protecting God's Children Course?

Dad - Year & Location Taken _____ Mom - Year & Location Taken _____

Ethnic Background: (Circle) Caucasian, African American, Hispanic, Asian, Native American, Other: _____

Student Name	Gender	2018-2019 Homeroom
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

<u>Public Schools Student would attend Information needed for State Reporting</u>

Elementary School (ie Crossroads)

Middle School (ie Frontier)

Public School District

OVER

Parents who are not married are: Divorced Separated Widowed Single

Per Parenting Plan - Custodial Parent's Name: _____

Per Parenting Plan - Non-Custodial Parent's Name: _____

May children be released to non-custodial parent? **Y** **N**

Does non-custodial parent need all school related correspondence? **Y** **N**

Please check one: In case of emergency (earthquake or other)

- A. _____ I give the school staff permission to release my children to the adults listed on this form or any adult ICD would deem responsible to care for my children.
- B. _____ I give the school staff permission to release my children ONLY to the adults listed on this form.

Please list additional trusted adults, with their daytime phone numbers and relationship to your children, to whom the school is authorized to release your children:

Name	Phone	Relationship to Student
1. _____	_____	_____
2. _____	_____	_____
3. _____	_____	_____
4. _____	_____	_____

Date: _____ **Parent Signature** _____

Medical Emergency Releases

In case of accident or serious illness, I request the school to contact me. If the school is unable to reach me, the school may make whatever arrangements seem necessary.

Date: _____ **Parent Signature:** _____

I hereby authorize the Immaculate Conception Catholic School Staff caring for my children to administer any medication and treatment in the event of a major disaster. In consideration, I agree to hold harmless and indemnify the Immaculate Conception Catholic School and its employees against all injuries arising out of these arrangements.

Date: _____ **Parent Signature:** _____