

St. Mary's School - Mt. Morris Emergency Card

Grade _____ Teacher _____

Name of Student _____ Home Phone _____

Address _____ City _____ Zip Code _____

Date of Birth _____ Student's SS # _____ Father's SS # _____

Parent's e-mail address: _____

Mother's Name _____ Father's Name _____

Address (if different) _____ Address (if different) _____

Phone (home) _____ Work _____ Phone (home) _____ Work _____

Cell _____ Cell _____

Mother's employment _____ Father's employment _____

In case my child becomes ill or is injured at school notify me. If I cannot be reached at the above address, contact one of the people below.

1. Name: _____ Address _____ Phone _____

2. Name: _____ Address _____ Phone _____

3. Name: _____ Address _____ Phone _____

or have my child taken to:

Doctor: _____ Phone _____ Address _____

or to _____ Hospital, or to any other physician available. The school is hereby authorized to follow the plan outlined above in handling emergency care of my child, and I hereby agree to pay all expenses incurred.

Date: _____ Signature of Parent _____

Allergies, Life Threatening and other problems

Severe Fall or Spring Weather

The policy of the Mt. Morris Consolidated Schools (St. Mary, Mt. Morris) is to dismiss students as soon as busses are available to transport them during a tornado watch. If a tornado warning occurs it is too late to send children home. Students will then be taken to a pre-selected area which has been designated as being least dangerous. Parents who wish to pick up their children when severe weather or tornado warnings are in effect are free to do so. Children will not be excused to leave with anyone except the parent unless a parent gives permission to do so below.

I hereby give my permission to let my child(ren) leave school before school dismissal time with the following person(s). If "no one" please state so and sign: _____

Parent Signature: _____

Medical Treatment Release Form

To whom it may concern:

As a parent/guardian, I do hereby authorize the treatment by a qualified and licensed Medical Doctor in any emergency which, in the opinion of the attending physician, may endanger his/her life, cause disfigurement, physical impalement, or undue discomfort if delayed. This authority is granted only after a reasonable effort has been made to reach me.

Name of minor: _____ Relationship to you: _____

Reason for which release is intended: _____

Address of Minor: _____ Phone: _____

Emergency Phone: _____

Family Physician: _____ Phone: _____

Address: _____ City: _____

List allergies, medication, contacts, or other pertinent comments _____

Health Insurance Data

Company: _____ Policy: _____

Group: _____ Contract: _____

This release form is completed and signed of my own free will with the sole purpose of authorizing medical treatment under emergency circumstances in my absence.

Date: _____

Parent/Guardian Signature: _____