

St. Agnes Academy-St. Dominic School  
Emergency Contact Information 2021-2022  
*Separate form required for EACH CHILD enrolled at SAA-SDS.*

RETURN COMPLETED  
FORMS TO:  
SAA K-8- Mrs. Brooks  
SDS K-8- Mrs. Pirozzi  
ECC- Mrs. Morton

**Student Information:**

\_\_\_\_\_  
Student Last Name      First Name      Middle Name      Preferred Name  
Gender: \_\_\_\_\_ Grade (2021-2022): \_\_\_\_\_ D.O.B. \_\_\_\_\_  
Cell Phone \_\_\_\_\_ E-Mail \_\_\_\_\_  
Address \_\_\_\_\_ City, State & Zip \_\_\_\_\_

**Family Information:**

**Mother** \_\_\_\_\_ Home Phone \_\_\_\_\_  
Cell Phone \_\_\_\_\_ E-Mail \_\_\_\_\_  
Address \_\_\_\_\_ City, State & Zip \_\_\_\_\_  
Employer \_\_\_\_\_ Work Phone \_\_\_\_\_

**Father** \_\_\_\_\_ Home Phone \_\_\_\_\_  
Cell Phone \_\_\_\_\_ E-Mail \_\_\_\_\_  
Address \_\_\_\_\_ City, State & Zip \_\_\_\_\_  
Employer \_\_\_\_\_ Work Phone \_\_\_\_\_

◆ Custodial Parent:     Both Parents     Father     Mother     Other \_\_\_\_\_

Siblings: Name	Age	Grade	School
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

**Dismissal Protocol & Emergency Contacts:**

**In the event of an EMERGENCY, who is allowed to pick up your child if we are not able to reach you?**  
(Please notify the school office if someone other than those listed here will be picking up your child.)

1. Name \_\_\_\_\_ Relationship \_\_\_\_\_  
Cell Phone \_\_\_\_\_ Home Phone \_\_\_\_\_ Work Phone \_\_\_\_\_

2. Name \_\_\_\_\_ Relationship \_\_\_\_\_  
Cell Phone \_\_\_\_\_ Home Phone \_\_\_\_\_ Work Phone \_\_\_\_\_

3. Out-of-State Contact \_\_\_\_\_ Relationship \_\_\_\_\_  
Cell Phone \_\_\_\_\_ Home Phone \_\_\_\_\_ Work Phone \_\_\_\_\_

**PARENTS:** In the event of an actual emergency, your child will remain on campus until all students are accounted for.

**UPPER SCHOOL ONLY:** If conditions are deemed safe, I give my daughter permission to leave campus:

In her own vehicle  / With another student  / With a designated person listed above \_\_\_\_\_

**2K-8<sup>th</sup> Grade- Please check what will most often apply:**

7 & 8 ONLY:     JH Carpool Dismissal from Veritas (7 & 8 only, no younger siblings)     Extended Day Activities  
SK-6 ONLY:     SAA Carpool     SDS Carpool     Extended Day Activities  
PK-JK ONLY:     ECC Carpool     Sibling Dismissal from: SAA \_\_\_\_\_ SDS \_\_\_\_\_     Extended Day Activities  
2K ONLY:     ECC Carpool     Extended Day Activities

HEALTH INFORMATION

Student name, cont. \_\_\_\_\_ / \_\_\_\_\_  
Last First MI Preferred Name

STUDENT HEALTH HISTORY:

- ❖ Date of last Tetanus shot? \_\_\_\_\_
- ❖ Please make us aware of any allergies your child may have: \_\_\_\_\_
- \_\_\_\_\_
- ❖ Does your child have any other medical condition of which the school should be aware? \_\_\_\_\_
- \_\_\_\_\_
- ❖ List name and dosage of ANY/ALL medication your child takes on a regular or daily basis: \_\_\_\_\_
- \_\_\_\_\_

❖ Please check any over-the-counter medication you will allow the School to administer to your child:

- |                                    |                                   |                             |
|------------------------------------|-----------------------------------|-----------------------------|
| ___ Advil/Ibuprofen/Motrin         | ___ Claritin/Loratadine           | ___ Antihistamine cream     |
| ___ Aleve/Naproxen                 | ___ Benadryl                      | ___ Cough syrup/cough drops |
| ___ Acetaminophen/Tylenol          | ___ Pseudoephedrine or derivative | ___ Antibiotic ointment     |
| ___ Excedrin Migraine              | ___ Visine and/or allergy drops   | ___ Hydrocortisone cream    |
| <i>(contains aspirin/caffeine)</i> | ___ Mylanta/Tums                  | ___ Burn cream              |
| ___ Midol                          | ___ Tylenol Sinus or equivalent   | ___ Other (List _____)      |

Health Insurance Provider: \_\_\_\_\_ Insured Name: \_\_\_\_\_ Group/ID# \_\_\_\_\_

Physician's Name & Phone #: \_\_\_\_\_ Hospital Preference: \_\_\_\_\_

**Release of Information Via Text Messaging**

I give permission to receive non-emergency medical information regarding my child via text messaging. YES  NO   
Information may be sent to the following number: \_\_\_\_\_ . Parent Initials \_\_\_\_\_

**Authorization and Release**

The undersigned, being the parent or guardian of the above named student enrolled in St. Agnes Academy St. Dominic School (SAA-SDS), hereby gives permission to SAA-SDS for the school nurse to provide assessment, care and treatment of the student. In addition, the parent or guardian gives permission for trained school staff to perform necessary health procedures for a student to attend school i.e., medication administration, blood glucose testing, epi-pen administration, or assistance in the use of an inhaler.

The undersigned agrees to release, indemnify and hold harmless St. Agnes Academy-St. Dominic School, its employees, representatives or school nurse for any claim, liability or expense arising from any act or omission arising from or related to the assessment, care, or treatment of the student. This release and indemnity agreement includes claims based on alleged negligence on the part of SAA-SDS or its employees.

The undersigned further certifies that he/she has read the above authorization and release and is in agreement with its terms.

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

**IF THERE ARE ANY CHANGES TO YOUR CHILD'S STATUS DURING THE SCHOOL YEAR PLEASE NOTIFY THE SCHOOL OFFICE TO UPDATE THIS FORM**