

St. Agnes Academy-St. Dominic School
Emergency Contact Information 2024-2025
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- Ms. Renee Pirkey

Student Information:

Student Last Name First Name Middle Name Preferred Name
Gender: _____ Grade (2024-2025): _____ D.O.B. _____
Cell Phone _____ E-Mail _____
Address _____ City, State & Zip _____

Family Information:

Mother (Ms./Mrs./Dr.) _____
Cell Phone _____ E-Mail _____
Address _____ City, State & Zip _____
Employer _____ Work Phone _____
Father (Mr./Dr.) _____
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-8th 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

(over)

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