

St. Agnes Academy-St. Dominic School  
Emergency Contact Information 2023-2024  
*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. Pirkey

**Student Information:**

\_\_\_\_\_ / \_\_\_\_\_

Student Last Name	First Name	Middle Name	Preferred Name
Gender: _____ Grade (2023-2024): _____ 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: <input type="checkbox"/> Both Parents <input type="checkbox"/> Father <input type="checkbox"/> Mother <input type="checkbox"/> 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: <input type="checkbox"/> JH Carpool Dismissal from Veritas (7 & 8 only, no younger siblings)	<input type="checkbox"/> Extended Day Activities
SK-6 ONLY: <input type="checkbox"/> SAA Carpool <input type="checkbox"/> SDS Carpool	<input type="checkbox"/> Extended Day Activities
PK-JK ONLY: <input type="checkbox"/> ECC Carpool <input type="checkbox"/> Sibling Dismissal from: SAA _____ SDS _____	<input type="checkbox"/> Extended Day Activities
2K ONLY: <input type="checkbox"/> ECC Carpool <input type="checkbox"/> 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
____ (contains aspirin/caffeine)	____ 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**