

**St. Agnes Academy-St. Dominic School**  
**Emergency Contact Information 2025-2026**  
*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:**

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Student Last Name      First Name      Middle Name      Preferred Name

Gender: \_\_\_\_\_ Grade (2025-2026): \_\_\_\_\_ 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.**

**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

Student name, cont. \_\_\_\_\_ / \_\_\_\_\_

Last

First

MI

Preferred Name

**STUDENT HEALTH HISTORY:**

- ❖ Does your child require an epi-pen? YES/NO If Yes, please fill out a FARE form & email to ngardner@saa-sds.org
- ❖ Please make us aware of any food, insect or environmental 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

\_\_\_ Benadryl

\_\_\_ Cough syrup/cough drops

\_\_\_ Aleve/Naproxen

\_\_\_ Pseudoephedrine or derivative

\_\_\_ Antihistamine Cream

\_\_\_ Acetaminophen/Tylenol

\_\_\_ Visine and/or allergy drops

\_\_\_ Hydrocortisone cream

\_\_\_ Pepto

\_\_\_ Mylanta/Tums

\_\_\_ Burn cream

\_\_\_ Midol

\_\_\_ Tylenol Sinus or equivalent

\_\_\_ Delsym

\_\_\_ Claritin/Loratadine/Zyrtec

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**