

Emergency Contact and Medical Information

_____		M F
Child's Name	Date of Birth	Sex

Parent's/Guardian's Name	Parent's/Guardian's Name	

Home Phone	Work Phone	Home Phone Work Phone

Address	Address	

City, ST ZIP Code	City, ST ZIP Code	

Alternative Emergency Contacts

_____		_____	
Primary Emergency Contact	Secondary Emergency Contact		
_____		_____	
Home Phone	Work Phone	Home Phone	Work Phone
_____		_____	
Address	Address		
_____		_____	
City, ST ZIP Code	City, ST ZIP Code		

Medical Information

Hospital/Clinic Preference		

Child's Physician	Address	Phone Number

Child's Dentist	Address	Phone Number

Insurance Company	ID Number	

Subscribers Name	Group #	

Allergies/Special Health Considerations

I authorize all medical and surgical treatment, health record transfer, first aid, X-ray, laboratory, anesthesia, and other medical and/or hospital procedures as may be performed or prescribed by the attending physician and/or paramedics for my child and waive my right to informed consent of treatment. This waiver applies only in the event that neither parent/guardian can be reached in the case of an emergency.

_____	_____
Parent's/Guardian's Signature	Date

I give permission for my child to go on field trips. I release St. Romuald School and individuals from liability in case of accident during activities related to St. Romuald School, as long as normal safety procedures have been taken.

_____	_____
Parent's/Guardian's Signature	Date

CHILD CARE ANIMAL CONSENT FORM

As the parent / legal guardian of _____, I give my permission for my child to be in the presence of all animals EXCEPT the ones listed below.

- _____
- _____

Parent / Guardian Signature

Date

COMPUTER & INTERNET USE

I, the parent / legal guardian, give _____ permission to use the SRIS computer system and Ipad, including the internet, in my absence. It will only be used for educational purposes.

Parent / Guardian Signature

Date

MEDIA CONSENT

As the parent / legal guardian of _____, I grant permission for my child's name, pictures and / or video recorded images to be used in the local newspaper, Diocese publications, and school website.

As the parent / legal guardian of _____, I DO NOT grant permission for my child's name, pictures and / or video recorded images to be used in the local newspaper, Diocese publications, and the school website.

Parent / guardian signature

Date

MOVIE PERMISSION

_____ YES, I give permission for my child to watch any G or PG rated movie at school.

_____ NO, I DO NOT give permission for anything other than a G rated movie to be viewed by my child at school. If a PG movie will be showed I must be notified first and then I will grant or not my permission.

Parent / Guardian Signature

Date