## EMERGENCY FORM 2020-2021

## St. Mary’s Catholic Parish School (PS through Grade 8)

## 412 North Monroe

## Moscow, Idaho 83843

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Last Name of Child First Name Date of Birth

**Mother’s/Guardian’s name**  business phone cell phone number

**Father’s/Guardian’s name** business phone cell phone number

**LIST ALL ALLERGIES AND/OR SPECIAL NEEDS: (if needed, continue on reverse side)>>>>>>>>>>>>>>>**

**MEDICATIONS**: *Per the Parent Handbook, the school is not able to give any medicine without the express written permission and details of the parent or guardian. For prescriptions, parents need to abide by the “Medications” section of the Parent Handbook. All medicines are to be kept with the Secretary in the school office. In compliance with Diocesan Policy, non-prescription medications (aspirin, cough medicine, etc.) MUST have a written request by the student(s) parent(s). Inhaler and epi pens are only to be used by a student with staff supervision.*

In the event of **serious illness or accident** when *we, the parents, cannot be reached*, we wish one of the following **local** people to be notified by telephone. They are authorized to act in my/our absence and will be informed that their names have been used.

1. Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Telephone/Cell Phone # \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

2. Name Telephone/Cell Phone # \_\_\_\_\_\_\_­­­­\_\_\_\_\_\_\_\_\_\_\_\_\_

**If needed, we authorize the school to contact our family doctor or dentist.**

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Family doctor Phone number

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Family dentist Phone number

*As the parent or legal guardian of the child(ren) listed on the registration form, we hereby give consent for emergency medical care. This care may be given under whatever conditions are necessary to preserve the life, limb, or wellbeing of my child(ren). Recognizing the possibility of physical injury, we hereby release, discharge and/or indemnify St. Rose/St. Mary School, its affiliated organizations and sponsors, their employees and associated personnel, including the owners of fields, and facilities utilized for the programs against any claim by or on behalf of the registrant(s) as a result of the registrant’s participation or being transported to or from the same, which transportation we hereby authorize. We, the parents/guardians of the registrant(s), a minor, agree that we will abide by the rules of St. Mary’s School and its affiliated organizations and sponsors.*

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**Signature Parent/Guardian Date**

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**Signature Parent/Guardian Date**

**IGNITING** *faith, knowledge, creativity and service Revised March 2020*