

EMERGENCY FORM 2021-2022 St. Mary's Catholic Parish School (PS through Grade 8)

412 North Monroe Moscow, Idaho 83843

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 S	SPECIAL NEEDS: (if needed, continu	ne on reverse side)>>>>>>>>>	
permission and details of the parent section of the <u>Parent Handbook.</u> All with Diocesan Policy, non-prescription	or guardian. For prescriptions, paren medicines are to be kept with the Secre	iny medicine without the express written its need to abide by the "Medications" etary in the school office. In compliance e, etc.) MUST have a written request by with staff supervision.	
	ent when <i>we, the parents, cannot be rea</i> e. They are authorized to act in my/our		
1. Name	Telephone/Cell Phone #		
2. Name	Telephone/Cell Phone #		
If needed, we authorize the school to	contact our family doctor or dentist.		
Family doctor	Phone r	Phone number	
Family dentist	Phone r	Phone number	
care. This care may be given under whater Recognizing the possibility of physical ing affiliated organizations and sponsors, thei utilized for the programs against any clain being transported to or from the same,	d(ren) listed on the registration form, we here wer conditions are necessary to preserve the jury, we hereby release, discharge and/or r employees and associated personnel, incl. n by or on behalf of the registrant(s) as a r which transportation we hereby authori bide by the rules of St. Mary's School and it.	life, limb, or wellbeing of my child(ren). indemnify St. Rose/St. Mary School, its uding the owners of fields, and facilities result of the registrant's participation or ze. We, the parents/guardians of the	
Signature Parent/Guardian	Date		
Signature Parent/Guardian	Date		