

Family Name _____ Home Phone _____
 Address _____
 City/Zip _____

Father's Name _____ Day Phone _____ Cell# _____
 Mother's Name _____ Day Phone _____ Cell# _____
 Father's Email Address: _____ Mother's Email Address _____

NAMES OF CHILDREN AT ST. JOSEPH SCHOOL:

Name: _____ Gr. _____ Name: _____ Gr. _____
 Name: _____ Gr. _____ Name: _____ Gr. _____
 Name: _____ Gr. _____ Name: _____ Gr. _____

In case of illness, accident or emergency to the student(s) listed above, or in case of early school closure, St. Joseph School is authorized to contact the following if parents/guardians cannot be reached:

Name _____ Day Phone _____ Cell _____
 Name _____ Day Phone _____ Cell _____
 Name _____ Day Phone _____ Cell _____

Way Home: Family Car _____ Car Pool _____ Daycare _____ Other _____

My child/ren may also be picked up from school by:

Name _____ Day Phone _____ Cell _____
 Name _____ Day Phone _____ Cell _____

Please complete both front and back of card. This card must be returned to the school office prior to the first day of school. OVER _____

Family Name _____ Home Phone _____
 Address _____
 City/Zip _____

Father's Name _____ Day Phone _____ Cell# _____
 Mother's Name _____ Day Phone _____ Cell# _____
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Please complete both front and back of card. This card must be returned to the school office prior to the first day of school. OVER _____

Medications & Allergies

Child's Name: _____
Allergies: _____
Medications currently taking: _____

Will medications need to be dispensed at school?
Yes _____ No _____

Child's Name: _____
Allergies: _____
Medications currently taking: _____

Will medications need to be dispensed at school?
Yes _____ No _____

Physician _____ **Phone** _____

Any medical condition that we should be aware of: _____

Other Comments: _____

Take child to nearest hospital in case of emergency

I authorize St. Joseph School and the Archdiocese of Portland and its representatives to use their judgment in determining emergency care and procedures for my child/ren. I also understand and agree that the Archdiocese assumes no financial obligation for expenses incurred in carrying out emergency procedures and/or emergency transportation.

Parent/Guardian Signature

Date

Medications & Allergies

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Allergies: _____
Medications currently taking: _____

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Parent/Guardian Signature

Date