

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# \_\_\_\_\_

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. \_\_\_\_\_

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**Way Home:** Family Car \_\_\_\_\_ Car Pool \_\_\_\_\_ Daycare \_\_\_\_\_ Other \_\_\_\_\_

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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**



**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**

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

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\_\_\_\_\_  
Parent/Guardian Signature

\_\_\_\_\_  
Date