

EMERGENCY PROCEDURE SLIP

Must complete this form in its entirety!
2018-2019
PLEASE RETURN FORM TOMORROW!

Saint Augustine Catholic School
1421 V Street, Northwest
Washington, DC 20009
(202)667-2608/ Fax (202)667-2610
Web: www.saintaugustine-dc.org

Student's Name: _____ Grade: _____
Last name First Middle Initial

Student's Social Security Number _____ Student's Date of Birth: ____/____/____ Place of Birth _____

Student's Street Address: _____ Home Phone Number: (____) _____

City, _____ State _____ Zip Code _____

Catholic ____ Parish _____ Non-Catholic ____ Religion _____

Does your child have significant allergies or health conditions that may require **emergency medical care** at school or aftercare
 NONE YES, please detail: _____

Father's Name _____ Home Phone: (____) _____

Home Address _____ Work Phone: (____) _____

Email: _____@_____ [I would like to receive school news letters, etc. by email? yes no] _____

Occupation _____ Business Address _____ Cell Number (____) _____

Mother's Name _____ Home Phone: (____) _____

Home Address _____ Work Phone: (____) _____

Email: _____@_____ [I would like to receive school news letters, etc. by email? yes no] _____

Occupation _____ Business Address _____ Cell Number (____) _____

Guardian's Name _____ Home Phone: (____) _____
(If not living with parent)

Home Address _____ Work Phone: (____) _____

Email: _____@_____ [I would like to receive school news letters, etc. by email? yes no] _____

Please list Brothers & Sisters in this school (Grade, Date of Birth)

_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

AFTERNOON DISMISSAL:
Where and how will your child report after school?
HOME
 CAR WALK VAN PICK UP
 PUBLIC TRANSPORTATION
 OTHER _____
Extended Care: Dismiss on their own? Y/N _____
Who will pick-up your child? _____

If Parents cannot be reached in case of emergency please call:

Name _____ Relationship _____ Home Phone (____) _____
Address _____ Phone at work (____) _____ Cell/Pager: (____) _____

OR

Name _____ Relationship _____ Home Phone: (____) _____
Address _____ Phone at work (____) _____ Cell/Pager: (____) _____

OR

Name _____ Relationship _____ Home Phone: (____) _____
Address _____ Phone at work (____) _____ Cell/Pager: (____) _____

DOCTOR _____ Phone (____) _____

Address _____

Parent's/Guardian's Signature

Date