

List siblings who attend St. Joseph Catholic School

Name: _____ Grade level for 2017-18: _____

Name: _____ Grade level for 2017-18: _____

Name: _____ Grade level for 2017-18: _____

Name: _____ Grade level for 2017-18: _____

Physician/Insurance Information

Primary Physician's Name: _____ Phone #: _____

Known allergies or medical conditions: _____

Daily medications taken by the student: _____

Health Insurance Co: _____ Policy # : _____

In case of an emergency, the school will try to contact the student's mother/father or legal guardian. If neither mother/father nor legal guardian can be reached, I authorize a representative of St. Joseph Catholic School to refer my child to the above named physician. In the event of an emergency, EMS will be called and the child will be brought to the hospital of your choice or the one EMS deems available and/or appropriate for the type of emergency. I understand that I will be responsible for the payment of all expenses incurred.

Parent or Guardian Signature: _____ Date: _____

Permissions

My child has permission to be picked up by: _____

My child may NOT be picked up by: _____

Photo Release

Occasionally St. Joseph Catholic School will take photographs of students that will be used in the yearbook and other promotional materials. Please initial below:

_____ St. Joseph Catholic School has my permission to photograph my child for the yearbook and other promotional materials.

_____ St. Joseph Catholic School DOES NOT have my permission to photograph my child for the yearbook and other promotional materials.

Transportation Release

Occasionally students are transported between campuses, to athletic competitions and practices, and/or to class field trips, on the school bus.

_____ St. Joseph School has my permission to transport my child via the school's bus transportation.

_____ St. Joseph School DOES NOT HAVE my permission to transport my child via the school's bus transportation.

Parent/Guardian Signature: _____ Date: _____