

St. James School Emergency Information & Authorization Form

A. Emergency Information

Family Name: _____ HOME Phone () _____ E-Mail _____

Home Address: _____ City, ST, & Zip _____

Birthdate	Child(ren)	Grade	Birthdate	Child(ren)	Grade
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a. _____ c. _____

b. _____ d. _____

Father/Guardian Name _____ Cell Phone () _____
Last First

Business Address: _____
Name Street City St Zip Business Phone

Mother/Guardian Name _____ Cell Phone () _____
Last First

Business Address: _____
Name Street City St Zip Business Phone

B. If parent or guardian cannot be reached, please call:

Name _____ Phone _____ Cell Phone _____ Relationship to child: _____

Name _____ Phone _____ Cell Phone _____ Relationship to child: _____

Name _____ Phone _____ Cell Phone _____ Relationship to child: _____

C. Health Information we should know

Physician's Name: _____ Phone () _____

Dentist's Name: _____ Phone () _____

Child's Name	Allergies	Medications	Chronic Conditions	Glasses	Hearing Aid	Other

Any special health needs or concerns: _____

D. Walking Field Trips

I give my child(ren) _____, permission to participate in all walking field trips during the school year with their teacher and classmates.

E. Photo Permission

I give my permission to St. James School to use photographs of my child/ren or their work on the St. James webpages, in local newspapers, and in any marketing items (videos, brochures etc). Student's first names will only be used. This permission will be effective until I ask that it be rescinded.

I do not give permission to St. James School to use photographers of my child/ren or their work.

F. SCHOOL PICK-UP AUTHORIZATION (complete only if different from persons indicated in Section A)*

The following persons are authorized to pick up my child from school:

Name: _____ Phone: () _____

Name: _____ Phone: () _____

G. The following persons are not allowed to pick up my child(ren) from school:

Name: _____ Name: _____

H. Parent/ Guardian Authorization

 Authorizing Signature of Parent or Guardian

 Today's Date