

### 2018-2019 FAMILY EMERGENCY FORM

Please complete both pages of the Family Emergency Form. Please return the completed form to the school office by September 7, 2018. One copy of the information will be kept in the office and a copy will be on file in the Nurse's office. All information is kept confidential.

FAMILY NAME:		HOME PHONE:			
ADDRESS:					
EMAIL ADDRESS: MOTHE	ER'S	FATHER'S			
PARENTS' CELL PHONE NUMBERS: MOTHER'S		FATHER'S			
CHILD/CHILD	REN	DATE OF BIRTH	HOMEROOM	SOCIAL SECURITY #	
Parents/Guardian					
Mother's Employment		Hours		Phone	
Father's Employment		Hours		Phone	
Legal Guardian's Name					
	(Full name of parent, gr	andparent, stepparer	nt or guardian)		
Relationship to the Child/C	hildren				
	(Mother, Fat	her, Grandparent, Fo	ster Parent)		
If guardianship is Court Dec	reed – Case#:				
	Court	Dosroos must be on f	ilo in the school of	fice \	

It is imperative that you inform the school administration of any medical issues regarding your child/children. If medication is required during the school day, parents must bring an original prescription container with the doctor's instructions clearly labeled on the outside. The medication must be accompanied with written parental permission for administration of the medication.

PLEASE NOTE: STUDENTS ARE NOT PERMITTED TO CARRY MEDICATION TO SCHOOL. A PARENT MUST BRING MEDICATION, BEE STING KITS AND ASTHMA INHALERS TO SCHOOL.

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## **MEDICAL HISTORY**

Child/Children	Medical Concern	Medication (Dosage & Time)
Family Doctor		Phone #
Family Dentist	Phone #	
Child/Children Names who wear:	Contact Lens	
	Glasses	

# ILLNESS AND MEDICAL EMERGENCY CONTACTS

In the event your child becomes ill or has a medical emergency during the school day, we need to have emergency contact person/s. PLEASE complete the contact information below, IN THE ORDER YOU WISH CALLS TO BE MADE. We will contact the first person on the list. If the #1 person is not available, we will contact the #2 person, and lastly, the #3 person if #1 and #2 cannot be reached. If you wish to be called first, be sure your daytime numbers (home, cell, and work) are correctly listed on the first line with your name. This information is only used by the nurse and the school office. Emergency school closings, schedule changes, meeting cancellations, etc. are handled through a different alert communication system.

	EMERGENCY CONTACT	RELATIONSHIP	PHONE #s
1.			
2.			
3.			



# VIII. HANDBOOK AND AUTHORIZATION FORMS AGREEMENT

### HANDBOOK AMENDMENTS

The administration retains the right to amend the handbook for just cause. Parents / guardians will be notified if changes are made through the school website.

#### HANDBOOK AND AUTHORIZATION FORMS AGREEMENT

## **Dear Parents / Guardians:**

You are requested to read this handbook carefully and to go over the contents with your child(ren). Having read it, you are asked to download this form from the school website, sign and return it to the school office. This agreement will be kept on file in the Principal's office. The Mater Dei Catholic School Handbook is intended to enhance the communication between home and school. Thank you for your commitment to Catholic education.

Download and return to school by Friday of the first full week of school.

Family Name (please print)	
<ul> <li>Responsible Use Policy for Technolo</li> <li>G-Suite for Education Use Agreemer</li> <li>Student Pledge for iPad Use 1:1 Initi</li> <li>Student Pledge for iPad Use (Carts)</li> <li>Request for Use of State Funded Text</li> </ul>	nt ative (grades 4 - 8) (all other grades)
Parent / Guardian Signature	Parent / Guardian Signature
Student Signature (Grades 4-8)	Student Signature (Grades 4-8)

Children in grades Pre-K to 3 are not expected to sign the above; however, the parent's / guardian's signature indicates agreement.

Student Signature (Grades 4-8)

Student Signature (Grades 4-8)