

**St. Mary's School of Piscataway**  
**EMERGENCY CONTACT INFORMATION**  
**Fall 2020 - Spring 2021**  
**PLEASE PRINT LEGIBLY**

Student's Name: \_\_\_\_\_ Grade: \_\_\_\_\_

Address: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

\_\_\_\_\_ Home Phone: \_\_\_\_\_

Family E-mail: \_\_\_\_\_

Allergies/Illnesses: \_\_\_\_\_

**WHERE CAN PARENTS BE REACHED IF NOT AT HOME?**

Mother's Name: \_\_\_\_\_ Work Phone: \_\_\_\_\_

E-mail: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Father's Name: \_\_\_\_\_ Work Phone: \_\_\_\_\_

E-mail: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

**LIST TWO NEIGHBORS OR NEARBY RELATIVES WHO WILL ASSUME TEMPORARY CARE OF YOUR CHILD IF YOU CANNOT BE REACHED.**

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Address: \_\_\_\_\_ Home Phone: \_\_\_\_\_

\_\_\_\_\_ Work Phone: \_\_\_\_\_

Cell Phone: \_\_\_\_\_

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Address: \_\_\_\_\_ Home Phone: \_\_\_\_\_

\_\_\_\_\_ Work Phone: \_\_\_\_\_

Cell Phone: \_\_\_\_\_

I hereby warrant that to the best of my knowledge, my child is in good health, and I assume all responsibility for the health of my child. In the event of an emergency, I hereby give permission to transport my child to a hospital for emergency medical or surgical treatment. I wish to be advised prior to any further treatment by the hospital or doctor. In the event of an emergency, if you are unable to reach me at the above numbers, contact:

Physician's Name: \_\_\_\_\_ Physician Phone: \_\_\_\_\_

Physician's Address: \_\_\_\_\_

Health Insurance Provider: \_\_\_\_\_ Insurance ID Number: \_\_\_\_\_

I agree on behalf of myself, my child named herein, or our heirs, successors, and assigns, to hold harmless and defend St. Mary's School of Piscataway, its officers, directors, employees and agents, and the Archdiocese of Washington, its employees and agents, chaperones, or representatives associated with the event, from any claim arising from or in connection with my child attending the event or in connection with any illness or injury (including death) or cost of medical treatment in connection therewith, and I agree to compensate the parish, its officers, directors and agents, and the Archdiocese of Washington, its employees and agents and chaperones, or any representative associated with the event for reasonable attorney's fees and expenses which may incur in any action brought against them as a result of such injury or damage, unless such claim arises from the negligence of the parish, school, or Archdiocese of Washington.

Signature of Parent/Guardian: \_\_\_\_\_ Date: \_\_\_\_\_

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**Medications:** My child is taking medication at present. St. Mary's School of Piscataway has been provided with the medications necessary, and such medications have been well-labeled. A current Maryland State School Medication Administration Authorization Form has been completed and provided to the school office. Names of medications and concise directions for seeing that my child takes such medications, including dosage and frequency of dosage is provided on this form which is kept on file by the school office.

Signature of Parent/Guardian: \_\_\_\_\_ Date: \_\_\_\_\_

**No Medications:** No medication of any type, whether prescription or non-prescription, may be administered to my child unless the situation is life-threatening and emergency treatment is required.

Signature of Parent/Guardian: \_\_\_\_\_ Date: \_\_\_\_\_

**Specific Medical Information:** The school/parish will take reasonable care to see that the following information will be held in confidence.

Allergic reactions (medications, foods, plants, insects, etc.): \_\_\_\_\_

Immunizations: Date of last tetanus/diphtheria immunization: \_\_\_\_\_

Does child have a medically prescribed diet? If yes, please describe: \_\_\_\_\_

Does your child have any physical limitations? If yes, please describe: \_\_\_\_\_

Is child subject to chronic homesickness, emotional reactions to new situations, sleepwalking, bedwetting, fainting? If yes, please describe: \_\_\_\_\_

Has child recently been exposed to a contagious disease or condition, such as mumps, measles, chicken pox, etc.? If so, list date and disease or condition: \_\_\_\_\_

You should be aware of these special medical conditions of my child: \_\_\_\_\_