

EMERGENCY HEALTH INFORMATION

Student's Name _____ Birth Date _____ Grade _____

Home Address _____ Home Phone _____

City _____ Zip Code _____

Email Address (FOR NON-EMERGENCY USE ONLY!!) _____

Day Phone # of Father / Guardian _____ Cell Phone _____ Name _____

Day Phone # of Mother / Guardian _____ Cell Phone _____ Name _____

Relative, friend or neighbor who has been authorized by parent to pick up child if parent cannot be reached:

Name _____ Relationship _____ Phone _____

Name _____ Relationship _____ Phone _____

Medical Insurance Co.: _____ ID# _____

I understand that the school does not assume responsibility for payment of a physician in any case. However, in an emergency the school may call 911 and my child may be transported to the nearest hospital with no cost to the school.

Yes ___ No ___ If no, how do you wish us to handle a serious emergency? _____

Name of Doctor _____ Phone _____

Name of Dentist _____ Phone _____

Is your child allergic to any Drugs? Yes ___ No ___ If yes, what? _____

Foods? Yes ___ No ___ If yes, what? _____

Other (Bee sting, etc)? Yes ___ No ___ If yes, what? _____

Does your child have any chronic illness (asthma, diabetes, heart disease, epilepsy)? Yes ___ No ___

If yes, what? _____

Does your child take any medicines on a regular basis? Yes ___ No ___

If yes, what and what for? List: _____

CONSENT FOR EMERGENCY TREATMENT

(I) (We), the undersigned parent(s) or legal guardian of _____, a minor, do hereby authorize a representative of St. Edward School as agent(s) for the undersigned to consent to any x-ray examination, anesthetic, medical or surgical diagnosis or treatment and hospital care that is deemed advisable by, and is to be rendered under the general or special supervision of any physician and surgeon licensed under the provisions of the California Medicine Practice Act, on the medical staff of an accredited hospital, whether such diagnosis or treatment is rendered at the office of said physician or at said hospital.

It is understood that this authorization is given in advance of any specific diagnosis, treatment or hospital care being required but is given to provide authority and power on the part of the above-mentioned agent(s) to give specific consent to any and all such diagnosis, treatment or hospital care that the above mentioned physician in the exercise of his or her best judgment may deem advisable.

This authorization shall remain effective until June 30, 20__ unless sooner revoked in writing and delivered to the above-mentioned agent(s).

Mother's signature _____ Date _____

Father's signature _____ Date _____

Legal Guardian's signature _____ Date _____

St. Edward School
5788 Thornton Avenue
Newark, CA 94560

DISMISSAL CARD – AUTHORIZED TO PICK UP STUDENT

Student's Name _____ Birth Date _____ Grade _____
Home Address _____ Home Phone _____
City Zip Code _____
Mom's Work Phone _____ Dad's Work Phone _____
Mom's Cell Phone _____ Dad's Cell Phone _____

PLEASE LIST BELOW THE NAMES OF ALL THOSE TO WHOM YOU GIVE PERMISSION FOR ST. EDWARD SCHOOL AUTHORIZED PERSONNEL TO DISMISS YOUR CHILD TO:

1. _____
NAME RELATIONSHIP TO CHILD
2. _____
NAME RELATIONSHIP TO CHILD
3. _____
NAME RELATIONSHIP TO CHILD
4. _____
NAME RELATIONSHIP TO CHILD
5. _____
NAME RELATIONSHIP TO CHILD
6. _____
NAME RELATIONSHIP TO CHILD

I UNDERSTAND THAT IF ST. EDWARD SCHOOL AUTHORITIES FEEL IT IS NECESSARY FOR MY CHILD TO RECEIVE EMERGENCY MEDICAL TREATMENT (PARAMEDICS, ETC.) THEY WILL ACT ACCORDINGLY.

Does the child reside with both parents? Yes ___ No ___

If the child does not reside with both parents, may either parent take the child home from school? Yes ___ No ___

If No, a certified court order **MUST** be in the child's records in the school office.

Mother's signature _____ Date _____

Father's signature _____ Date _____

Legal Guardian's signature _____ Date _____

Consent to Contact

Schools in the Diocese of Oakland use automated systems to communicate with parents and guardians about their children and school events. Schools may send emails, phone calls, voicemails, and text messages with information such as attendance alerts, grade updates, special announcements, and emergency information. While there is no charge for these messages, receiving them may incur charges with your mobile service carrier.

Some of the systems used include SchoolMessenger, SchoolSpeak, PowerSchool, and Constant Contact. We will never sell or share your contact information without your consent.

FCC regulations protect citizens from unwanted calls and text messages. The Telephone Consumer Protection Act (TCPA) specifically requires consumers to Opt-in to receiving automated calls and texts to their mobile phone. Please sign the statement below to opt in:

I consent to receiving automated calls from St. Edward School on any mobile numbers that I have provided to the school as contact information.

Mother's Signature: _____ Date: _____
Father's Signature _____ Date: _____