



Saint Patrick School

of the Terre Haute Deanery

Emergency Information-School Year 2021-22

Student Name (Last, First, Middle)		Student Registering for Grade:	
Student Local Address (Number, City, State, Zip)			
Student Home Telephone Number		Student Date of Birth (mm/dd/yyyy)	
Student Gender: M _____ F _____			
Student lives with:			
Student's Siblings:			
Name	Date of Birth	School	
Father/Guardian Information			
Father/Guardian's Name (Last, First, Middle)		Home Phone Number:	Cell Phone Number:
Employer/Company Name:		Work Phone Number (Extension):	
Home Address If Not Same as Student (Number, City, State Zip):		Email Address:	
Father/Guardian (Please Check All That Apply):			
<input type="checkbox"/> Send Mail to Home <input type="checkbox"/> Authorized as Emergency Contact <input type="checkbox"/> Print Name on Reports <input type="checkbox"/> Custodial Rights <input type="checkbox"/> Lives with child <input type="checkbox"/> Authorized to Pick up Student from School			
Mother/Guardian Information			
Mother/Guardian's Name (Last, First, Middle)		Home Phone Number:	Cell Phone Number:
Employer/Company Name:		Work Phone Number (Extension):	
Home Address If Not Same as Student (Number, City, State, Zip)		Email Address:	
Mother/Guardian (Please Check All That Apply):			
<input type="checkbox"/> Send Mail to Home <input type="checkbox"/> Authorized as Emergency Contact <input type="checkbox"/> Print Name on Reports <input type="checkbox"/> Custodial Rights <input type="checkbox"/> Lives with child <input type="checkbox"/> Authorized to Pick up Student from School			
Emergency Information			
Provide the name(s) of person(s), other than parents, allowed to pick up the student:			

Name (First, Middle, Last):	Relationship to Student	Home Telephone/Other Primary Number
Name (First, Middle, Last):	Relationship to Student	Home Telephone/Other Primary Number
Important Information		
Is there a visitation order or other court order banning any individual from removing the student during the school day or coming into contact with the student during the school day? () Yes () No		
Do parents have shared parental responsibility? If no, please provide school with copy of court order. () Yes () No		
Student County of Residence:	Student Public School of Residence:	Student School Corp. of Residence:

Please do not allow my student to be picked up by:

Medical Treatment Release

Primary Doctor:	Phone Number:
Dentist:	Phone Number:
Insurance Carrier:	Hospital Choice:
<p>I _____ (Parent/Guardian) give St. Patrick Catholic School in the Terre Haute Deanery and its designated representative permission to transport and sign all forms related to the necessary medical treatment for _____ (Child). I also permit any and all required medical treatment to be administered by qualified medical personnel, including calling 9-1-1.</p> <p>_____</p> <p>Signature of Parent/Guardian _____ Date</p> <p>Does this student have a current special education plan (ie. IEP, ISP, or CSEP)?</p> <p>Does this student have any health concerns (diabetes, ADHD, etc...)?</p> <p>Please list any/all medications student is taking:</p> <p>Any/all known allergies, including food and medications:</p>	