STUDENT EMERGENCY INFORMATION & RELEASE INSTRUCTIONS

<u>Procedures for release of student(s) during school hours</u>:

- Please include cell phones, work phones, etc. for the people you have listed.
- If you wish the spouse of anyone listed to be able to pick up your child, list their names as well.
- You may list additional people to whom your child may be released on a separate sheet. If you do this, it will be necessary to note on the sheet; 1) the student's name, 2) that these are ***<u>"people to whom student may be released"</u>*** and 3) ***<u>your signature must be on that sheet.</u>***
- It is the policy of St. Andrew the Apostle Roman Catholic School not to release a student to anyone other than those persons listed unless we have prior written, signed parental/guardian approval. If we have prior written approval, we will ask to see and make a copy of the driver's license of the person sent to pick up your child.
- Please try not to send people for whom we have no written authorization. If it should be necessary for you to do this, please let us know. Our procedure is that it will be necessary for us to call you (for confirmation of your identity) on one of the numbers listed on your child's emergency card, obtain verbal permission for release and have you send a fax or email, with your signature, prior to your child being checked out. When the designated person comes to check out your child, we will make a copy of their driver's license. Verbal permission over the telephone is acceptable only when a fax or email, with your signature, can be sent prior to the child checking out. Please let the person you are sending know that we will be following this procedure.
- ***If there are restrictions on people to whom your child may be released, you must inform us. If it is the parent of a student, there must be a copy of the court document(s) stating any such restrictions included in your child's student file.***
- These procedures **apply only to the release** of your child **during the school day.** They do not apply to dismissal from childcare or for carpool pick up. If there are restrictions for those situations, please contact the office.
- These procedures are for the protection of your child. We ask that you follow them to make sure that dismissal during the school day goes smoothly. This is also beneficial to the comfort of the child, the parent/guardian picking up the child, and school personnel.

Please fill out pages 2 & 3

STUDENT EMERGENCY INFORMATION
2025-2026

Student's Name _____ **Grade** _____
Last **First** **Middle**

Address _____ **Sex**_____ **Birthdate**_____
Number **Street**

_____ **Race**_____ **Religion**_____
City **Zip Code**

Student may be released to people listed below:

Mother's Name _____ **Home Phone**_____

Mother's Address _____ **Cell Phone**_____

Mother's Employer_____ **Work Phone**_____

Father's Name_____ **Home Phone**_____

Father's Address_____**Cell Phone**_____

Father's Employer_____**Work Phone**_____

List at least FOUR people who will assume temporary care of your child if you cannot be reached:

Name _____ **Relation to Child**_____

Address_____ **Home Phone** _____

Cell Phone _____

Name _____ **Relation to Child**_____

Address_____ **Home Phone** _____

Cell Phone _____

Name _____ **Relation to Child**_____

Address_____ **Home Phone** _____

Cell Phone _____

Name _____ **Relation to Child**_____

Address_____ **Home Phone** _____

Cell Phone _____

In case of an accident or serious illness, I request the school to contact me. If the school is unable to reach me, I hereby authorize St. Andrew the Apostle School faculty/staff to call the physician indicated below and to follow his/her instructions. If it is impossible to contact this physician, the school may make immediate arrangements deemed necessary.

Medical Information

List all prescription medicine taken on a regular basis:

_____

_____

Condition(s) for which medication is taken:

_____

_____

Other Conditions: _____

Allergies: _____

***If your child has a food allergy and needs meal modifications, you must have a SFNS form on file in the school office & cafeteria.**

Physician Information

Local Physician's Name: _____

Address: _____ **Phone Number** _____

In the event hospital care is needed:

Hospital's Name: _____

Please indicate below any additional information NOT listed on this document:

_____

_____

_____

Signature of parent(s) or guardian(s): _____ **Date** _____

_____ **Date** _____