Ascension of Our Lord School
Master Card

Student
Name _____ **Gender** _____ **Birth Date** _____

	Mother	Father
Name		
Home Address		
Email Address		
Cell Phone #		
Work Phone #		
Employer		
Work Address (City)		

Natural Parents Separated? _____ Who does child reside with? _____

Child's Doctor _____ Doctor's Phone # _____

Child's Dentist _____ Dentist's Phone # _____

Does your child have any:

Allergies? _____ List: _____

Food Allergies? _____ List: _____

Dietary Restrictions? _____ List: _____

List individuals to contact in case of an emergency:

NAME	PHONE #	Relationship to Child

My child has my permission to be released to the individuals listed above.

I understand that the staff of Ascension of Our Lord School will attempt to contact me using the information supplied above in the event my child has a serious accident or illness. If the school is unable to reach me, I authorize the doctor indicated or emergency services to be contacted and their instructions to be followed to make whatever arrangements deemed necessary for the health and security of my child. I affirm that the above information to be true and I accept this emergency policy.

Parent/Guardian
Signature _____ **Date** _____