



Emergency Form 2018 -2019

Please keep us updated and informed of any changes to this information.

Please Print or Type the Following Information

Student Name: _____ Date of Birth: __ / __ / ____

Gender: _____ Grade: 6 7 8 Locker Number*: _____ (*To be completed by VCMS Staff)

Parent Information (Father)	Parent Information (Mother)
First and Last Name:	First and Last Name:
Home Phone:	Home Phone:
Work Phone:	Work Phone:
Cell Phone:	Cell Phone:

Driving on Campus – As part of our campus safety practices, all drivers are expected to register their cars with the front office.

Primary Drive:	Primary Drive:	Primary Drive:
Vehicle Make:	Vehicle Make:	Vehicle Make:
Vehicle Model:	Vehicle Model:	Vehicle Model:
Vehicle License #:	Vehicle License #:	Vehicle License #:

Please provide two alternative emergency contracts in case of emergency and parent/guardian cannot be reached:

Emergency Contact #1	Emergency Contact #2
First and Last Name:	First and Last Name:
Home Phone:	Home Phone:
Work Phone:	Work Phone:
Cell Phone:	Cell Phone:
Relationship to the student:	Relationship to the student:

Doctor's Information	Insurance Information
First and Last Name:	Insurance Co.:
Phone:	Policy #:
	Phone:

Current Medication(s):

Name of Medication	Information for emergency responders to know about this medication

Please complete this form and bring to registration.

Students with No Known Health Diagnoses:

☐ My son/daughter does not have any **chronic condition** that requires medical treatment, medication, or counseling.

Students with a Health Diagnoses:

Does your son/daughter have any chronic condition that requires medical treatment, medication, or counseling? If yes, please indicate which condition on the list below. **Check all that apply.**

<input type="checkbox"/> ADD/ADHD/Executive Dysfunction	<input type="checkbox"/> Hearing Impairment
<input type="checkbox"/> Allergies (Ingested, Seasonal, Topical)	<input type="checkbox"/> Heart Conditions
<input type="checkbox"/> Diagnosed Anxiety	<input type="checkbox"/> Leukemia
<input type="checkbox"/> Asthma	<input type="checkbox"/> Nonverbal Learning
<input type="checkbox"/> Autism Spectrum Arthritis	<input type="checkbox"/> Obsessive-Compulsive Disorder
<input type="checkbox"/> Bipolar	<input type="checkbox"/> Orthopedically Impaired
<input type="checkbox"/> Cancer	<input type="checkbox"/> Post Traumatic Stress Disorder
<input type="checkbox"/> Cerebral Palsy	<input type="checkbox"/> Speech Impairment
<input type="checkbox"/> Cystic Fibrosis	<input type="checkbox"/> Tourette's Syndrome
<input type="checkbox"/> Depression	<input type="checkbox"/> Traumatic Brain Injury
<input type="checkbox"/> Diabetes	<input type="checkbox"/> Tuberculosis
<input type="checkbox"/> Eating Disorders	<input type="checkbox"/> Visual Impairment
<input type="checkbox"/> Epilepsy	<input type="checkbox"/> Other:

What accommodations/considerations are needed to ensure the student's safety at school?

Are these recommended by a medical professional? Yes / No

If yes, please include the medical professional's name and area of expertise/specialty: _____

AUTHORIZATIONS & AGREEMENT

- In case of an accident or injury involving my/our child(ren), I/we authorize the school to take whatever measures are necessary when I/we cannot be reached.
- If allergies or medical conditions are listed above, I/we give the school office permission to inform the appropriate staff members that my/our child(ren) have the above mentioned allergy(ies) or medical condition(s).
- We agree to uphold the standards of the school, and to have our child(ren) comply with school regulations and policies as outlined in the Parent/Student Handbook and Middle School Program Guide.
- We agree to be positive, active participants with our child(ren) as part of the Valley Catholic School community.
- I/We certify that all of the above responses are accurate and complete to the best of our knowledge, as of the date indicated below.

Father/Guardian Signature: _____ Date: _____

Mother/Guardian Signature: _____ Date: _____

**If you do not authorize any of the above items, please attach a written explanation.*

Please complete this form and bring to registration.