



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 contacts 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 (Injested, 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"/> Orthoperdically Imparied |
| <input type="checkbox"/> Cancer | <input type="checkbox"/> Post Traumatic Stress Disorder |
| <input type="checkbox"/> Cerebal Palsy | <input type="checkbox"/> Speech Imparment |
| <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 outlines 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.