

FAMILY NAME:

Signature required on page 2  
Return completed pages to the school office.

ST. MARTIN OF TOURS ACADEMY

Contact Release and Consent Form

<input type="text"/> STUDENT'S LAST NAME	<input type="text"/> FIRST	<input type="text"/> BIRTH DATE	<input type="text"/> GRADE
<input type="text"/> STUDENT'S LAST NAME	<input type="text"/> FIRST	<input type="text"/> BIRTH DATE	<input type="text"/> GRADE
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<input type="text"/> STUDENT'S HOME ADDRESS	<input type="text"/> CITY	<input type="text"/> ZIP	<input type="text"/> HOME PHONE
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STUDENT LIVES WITH:  BOTH PARENTS  MOTHER  FATHER E-MAIL ADDRESS:

DO YOU WISH TO HAVE THE PRIMARY HOME ADDRESS, PHONE NUMBER AND E-MAIL IN THE SCHOOL DIRECTORY?  YES  NO

FAMILY INFORMATION	FATHER/GUARDIAN	MOTHER/GUARDIAN
NAME		
HOME PHONE (IF DIFFERENT THAN STUDENT)		
ADDRESS (IF DIFFERENT THAN STUDENT)		
PLACE OF WORK AND CITY		
WORK PHONE		
CELL PHONE		
BEST PHONE # TO CONTACT DURING THE DAY		
DAY CARE: BEST # TO CONTACT BETWEEN 3-6P.M.		

THE FOLLOWING MAY RELEASE MY CHILD FROM SCHOOL IN A NON-EMERGENCY SITUATION:

\_\_\_\_\_

\_\_\_\_\_

THE FOLLOWING PERSON (S) MAY NOT PICK-UP MY CHILD

PLEASE INDICATE IF A RESTRAINING ORDER IS IN PLACE AND THE EXPIRATION DATE. A COPY MUST BE ON FILE WITH THE SCHOOL OFFICE.

\_\_\_\_\_

I HEREBY GIVE PERMISSION FOR MY CHILD TO LEAVE SCHOOL AT DISMISSAL TIME (2:30) BY HIMSELF/HERSELF AND I ASSUME ALL RESPONSIBILITY FOR HIM/HER AFTER LEAVING SCHOOL. (ONCE THE CHILD HAS LEFT SCHOOL PROPERTY HE/SHE WILL NOT BE ABLE TO RETURN TO SCHOOL.)

YES  NO

**EMERGENCY/RELEASE INFORMATION** IDENTIFICATION MAY BE REQUESTED.

IN AN EVENT OF APPARENT ILLNESS, ACCIDENT, DISASTER OR EMERGENCY WHEN I CANNOT BE REACHED, I WISH ONE OF THE FOLLOWING TO BE NOTIFIED BY TELEPHONE. THEY ARE AUTHORIZED TO ACT IN MY ABSENCE. THEY MAY ALSO RELEASE MY CHILD FROM SCHOOL. (LIST AT LEAST TWO NAMES)

NAME(S): _____	RELATION: _____	PHONE: (H) _____ (W) _____ (CELL) _____
_____	_____	(H) _____ (W) _____ (CELL) _____
_____	_____	(H) _____ (W) _____ (CELL) _____

**MEDICAL CONSENT / TREATMENT**

IN THE EVENT OF AN EMERGENCY, I HEREBY GIVE PERMISSION TO TRANSPORT MY CHILD TO A HOSPITAL FOR EMERGENCY MEDICAL OR SURGICAL TREATMENT. I WISH TO BE ADVISED PRIOR TO ANY FURTHER TREATMENT BY THE HOSPITAL OR DOCTOR. I ALSO, UNDERSTAND THAT THE SCHOOL DOES NOT ASSUME RESPONSIBILITY FOR PAYMENT OF A PHYSICIAN.

<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<b>DOCTOR</b>	<b>PHONE</b>	<b>ADDRESS</b>	<b>HOSPITAL PREFERENCE</b>
<input type="text"/>	<input type="text"/>	<input type="text"/>	
<b>DENTIST</b>	<b>PHONE</b>	<b>ADDRESS</b>	

<b>MEDICAL INFORMATION:</b>	
DOES YOUR CHILD(REN) HAVE ANY UNUSUAL HEALTH CONDITIONS: <input type="text"/>	<input type="radio"/> YES <input type="radio"/> NO
STUDENT NAME: _____	STUDENT NAME: _____
MEDICAL CONDITIONS: (DIABETES, EPILEPSY, HEART CONDITIONS, ETC.) _____	MEDICAL CONDITIONS: (DIABETES, EPILEPSY, HEART CONDITIONS, ETC.) _____
DISABILITIES: _____	DISABILITIES: _____
ALLERGIES: _____	ALLERGIES: _____

**PARENT/GUARDIAN SIGNATURE:** \_\_\_\_\_

**OFFICE USE ONLY**

**IN CASE OF DISASTER OR EMERGENCY:**

NAME: _____	WAS RELEASED TO: _____
NAME: _____	WAS RELEASED TO: _____
NAME: _____	WAS RELEASED TO: _____
NAME: _____	WAS RELEASED TO: _____
DATE: _____	TIME: _____

LOCATION TO WHICH CHILD/CHILDREN TAKEN: \_\_\_\_\_

SCHOOL OFFICIAL: \_\_\_\_\_