



ST. MARK SCHOOL
EMERGENCY FORM
2010–2011

STUDENT NAME: _____

GRADE: _____

PARENT/GUARDIAN: _____

ADDRESS: _____

TOWN: _____

HOME PHONE: _____

FATHER'S NAME: _____

PLACE OF BUSINESS: _____

BUSINESS PHONE: _____

CELL PHONE: _____

FATHER'S E-MAIL: _____

MOTHER'S NAME: _____

PLACE OF BUSINESS: _____

BUSINESS PHONE: _____

CELL PHONE: _____

MOTHER'S E-MAIL: _____

IN CASE OF ILLNESS, IF UNABLE TO REACH PARENT, PLEASE CALL:

EMERGENCY CONTACT NAME #1 _____

PHONE #: _____ RELATIONSHIP: _____

EMERGENCY CONTACT NAME #2 _____

PHONE #: _____ RELATIONSHIP: _____

STUDENT'S PHYSICIAN: _____

PHYSICIAN'S PHONE #: _____

STUDENT'S DENTIST: _____

DENTIST'S PHONE #: _____

**WEATHER RELATED DISMISSAL/EMERGENCY DISMISSAL/NORMAL DISMISSAL –
PLEASE DISMISS MY CHILD BY:**

_____ MY CHILD WILL RIDE THE BUS AS USUAL

_____ MY CHILD CAN GO HOME WITH:

#1 _____

#2 _____

#3 _____

CONSENT RELEASE: FAMILY AND STUDENT DATA WHICH ARE USED FOR SCHOOL RELATED USE ONLY. THEY ARE NOT SHARED WITH ANY BUSINESS, SOLD OR PUBLISHED TO THE SCHOOL COMMUNITY. PLEASE LET US KNOW IF YOU CARE TO SHARE THIS INFORMATION OR NOT.

_____ **YES, YOU MAY SHARE OUR PHONE # FOR EMERGENCY PURPOSES ONLY WITH THE ROOM PARENT**

_____ **NO, PLEASE KEEP ALL OUR INFORMATION CONFIDENTIAL**

SIGNATURE OF PARENT/GUARDIAN
