

2018/2019 St. Elizabeth Ann Seton FAMILY EMERGENCY CONTACT FORM

Student Last Name: _____ Family Last Name if different: _____

Students Names: 1. _____ 3. _____

2. _____ 4. _____

Mother's Name: _____ Phone: _____

Father's Name: _____ Phone: _____

Email address: _____ @ _____

IN CASE OF EMERGENCY PLEASE CONTACT: _____ Phone: _____

PERSONS OTHER THAN PARENTS PERMITTED TO PICK UP STUDENTS:

Name: _____ Phone: _____ Relationship: _____

Name: _____ Phone: _____ Relationship: _____

PERSONS NOT PERMITTED TO PICK UP STUDENTS:

Name: _____ Name: _____

Photography Release:

Throughout the year photographs are taken of students participating in St. Elizabeth Ann Seton Religious Education programs.

Your permission is requested to use your child's photograph for parish publications.

I hereby grant to St. Elizabeth Ann Seton parish the right to use my child's photographic likeness in print for parish publication.

Parent Name: _____ Parent Signature: _____ Date: ___/___/___

Special health concerns, allergies, etc. **Please indicate symptoms and what should be done:**

Student Name: _____ Health concern/action to be taken: _____

Student Name: _____ Health concern/action to be taken: _____