

***St. John Chrysostom School***  
***Emergency/Early Dismissal Information***

<b>Family Name:</b>			<b>Home #:</b>	
<b>Address:</b>				
<b>Student Name</b>	<b>Grade</b>	<b>Teacher</b>	<b>DOB</b>	<b>SS#</b>
1.				
2.				
3.				
4.				
<b>Father:</b>		<b>Work #:</b>		<b>Cell #:</b>
<b>Mother:</b>		<b>Work #:</b>		<b>Cell #:</b>
<b>If unable to reach parents in an emergency, please contact: (for reasons of expediency, there is a limit of two contact names)</b>				
<b>1. Name:</b>		<b>Relationship:</b>		<b>Phone #:</b>
<b>2. Name:</b>		<b>Relationship:</b>		<b>Phone #:</b>
<b>In the event of an emergency school closing, my child/children are permitted to: (please check the appropriate mode of transportation)</b>				
<input type="checkbox"/>	Walk Home	<input type="checkbox"/>	Use bus transportation	<input type="checkbox"/>
Go home with:				

**Medical Information**

Family Physician:

Phone Number:

Family Dentist:

Phone Number:

Health Problems: *please specify which child:*

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_
4. \_\_\_\_\_

My child/children are permitted to take aspirin substitute: Please enter yes or no \_\_\_\_\_

If a child becomes ill at school, it is the responsibility of the parents to provide transportation home. In case of extreme emergency, when parents or emergency number(s) cannot be contacted, I give school authorities permission to call a physician or take whatever action deemed necessary and I will accept responsibility for any expenses incurred.

\_\_\_\_\_  
(Parent/Guardian Signature)

\_\_\_\_\_  
(Parent/Guardian Signature)