

Teacher _____

Class _____

ASCENSION EPISCOPAL SCHOOL Emergency Information Card

2010 – 2011

Student's Last Name _____

First _____

Preferred Name _____

Birthday Month Day Year _____

Present Age _____

Sex _____

Nationality _____

Home Phone _____

E-mail (Home) _____

Address _____ City _____ Zip _____

Contact First for Emergency

Name _____

Phone Number _____

Contact Second for Emergency

Name _____

Phone Number _____

Mother's Complete Name _____

Work # _____

Company _____

Occupation _____

Cell Phone _____

Email _____

Father's Complete Name _____

Work # _____

Company _____

Occupation _____

Cell Phone _____

Email _____

Married _____ Divorced _____ Separated _____ Student lives with _____

Religious Affiliation _____

RELEASE AUTHORIZATION: Please list below those persons to whom your child may be released from Ascension Episcopal.

Your child will not be released to anyone who is not on this list unless notified in writing.

Name _____ Phone # _____

Name _____ Phone # _____

Name _____ Phone # _____

Ascension Episcopal School Authorization for Emergency Medical Attention: In the event that I cannot be reached to make arrangements for emergency medical attention, I authorize the facility director or person in charge to take my child to the following clinic or nearest licensed facility:

Name of Licensed Physician _____ Address _____ Phone # _____

Name of Hospital or Clinic _____ Address _____ Phone # _____

MY CHILD IS ALLERGIC TO: _____

Please note any other medical conditions that school personnel should know. _____

Signature of parent or legal guardian _____

Date _____

PLEASE COMPLETE REVERSE SIDE

ASCENSION EPISCOPAL SCHOOL

2010-2011 Student Directory Information Form

Child's Name _____ **Grade** _____

Street Address _____ City _____ Zip _____

Phone Numbers: *Please print clearly and make all information complete for the directory.*

Home _____ **Home Email** _____

Dad's Work _____ **Dad's Cell** _____

Mom's Work _____ **Mom's Cell** _____

Parents' First Names _____

(Please include last name if different from child.)

Note: If parents live separately and you would like both addresses in the directory, please complete the sections below.

Mother's Name _____

Mother's Address _____

Zip _____

Mother's Home Phone _____ Work Phone _____

Father's Name _____

Father's Address _____

Zip _____

Father's Home Phone _____ Work Phone _____

ASCENSION EPISCOPAL SCHOOL HAS MY PERMISSION TO USE MY CHILD'S PHOTOGRAPH FOR SCHOOL PROMOTIONS:

Parent's Signature _____ Month Day Year