

EMERGENCY FORM

Last Name

Child	Grade	Birth Date	Child	Grade	Birth Date
Child	Grade	Birth Date	Child	Grade	Birth Date
Address 1			Telephone		
Address 2			E- Mail Address		
City/Town	State	ZIP	Custodial Parent(s):	Married Single	Divorced (Joint Cust) Divorced (Sole Cust)

Father's Name	PGC BG
Work Phone	
Cell Phone	

Mother's Name	PGC BG
Work Phone	
Cell Phone	

Persons authorized to pick up student(s). Must be at least 18 years old. Please provide name and phone number:

Family Physician	Phone	Known Health Issues	(Indicate for which child each is applicable.)
Family Dentist	Phone		
Hospital Choice	Phone		
Day Care Name	Phone		

City Census requires name of public school your child(ren) would be assigned to

I request the use of free non-consumable secular textbooks under Illinois House Bill 1732 for my child at St. Mary's School at 1802 Madison in Edwardsville, IL 62025.

CERTIFICATION OF MEDICAL INSURANCE AND INDEMNITY AGREEMENT - I hereby certify to St. Mary's School and the Catholic Diocese of Springfield in Illinois the following: (Complete #1 or check #2)

#1 My child is covered under a medical insurance policy or health care plan, specifically:
Name of insurer or plan: _____ Policy or group Policy or group number: _____

OR
#2 I/We agree to obtain Student Accident Insurance which is offered through the school.

I/We further understand that the School does not provide any medical insurance coverage for the Child, and that I/We assume all responsibility for payment of any medical expenses (including, but not limited to, doctors' fees, hospital charges, or any other medical or related charges) incurred by the child due to any injury or illness that occurs while the Child is in attendance at the School, or participating in any School-sponsored activity, including athletic events.

I/We hereby agree to hold harmless and indemnify the School and diocese, including their employees, volunteers, clergy and religious, from any claims for medical expenses described above. I/We have read the above Agreement and fully understand the terms contained herein, and agree to abide by its terms.

Do you request that necessary First Aid treatment be administered to your child/children in the event of a disaster? If you and the physician of choice, as indicated above, cannot be reached in any EMERGENCY, and if in the judgment of the school authorities immediate and/or hospital attention is indicated, do you authorize responsible school authorities to send your child (properly accompanied) to an available hospital or physician?

YES	NO
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I agree to assume all responsibility and expenses incurred by handling of the emergency case

Employee/Volunteer Awareness of Policy

All employees and volunteers of St. Mary's School and Parish working with minors are required to comply with the Diocesan Policy on Working with Minors and the Policy on Sexual Abuse of Minors, complete and submit the Certification and Authorization Document and attend a Protecting God's Children (PGC) session. Signed documents and scheduled attendance at a PGC session are required for individuals to be involved as employees or volunteers working with minors.

SPECIAL NOTE: St. Mary's School and Parish will not assume any responsibility or liability for any person who inflicts bodily injury or personal injury consisting of or arising out of corporal punishment, any forms of abuse, sexual exploitation or any other similar act, harm, injury or damage to any person in the care of its employees or volunteers, whether or not committed by or with the knowledge or consent of any injured.

I, the undersigned, being in the employ and/or a volunteer of St. Mary's School and Parish in its programs and/or activities, hereby certify that I have read and understand fully the above policy statements and the other stated implications. I agree to adhere to the terms and conditions of the Diocesan Policies and am fully aware of the consequences of non-adherence thereto.

Parent Signature: _____ Date: _____ Parent Signature: _____ Date: _____