

ST. MICHAEL SCHOOL
2009-2010 Emergency Procedure Card

Bus #: ____A.M. ____P.M.

Grade _____

Please complete in ink.

Date of Birth _____

Student's Full Name: _____

Student's Street Address _____

City/State/Zip _____

Mother's Name _____

Address _____

City/State/Zip _____

Home Phone # _____ Cell-Phone # _____

Workplace _____ Workplace# _____

E-mail address _____

Father's Name _____

Address _____

City/State/Zip _____

Home Phone # _____ Cell-Phone # _____

Workplace _____ Workplace# _____

E-mail address _____

Persons to whom child may be released: (The school will contact these people if parent is unavailable.)

Do you want to be contacted at work before we call the alternate? ___Yes ___No

Name: _____ Phone # _____

Name: _____ Phone # _____

Physician's Name _____

Ambulance preferred in the event of serious illness/injury: _____

Hospital preferred in the event of serious illness/injury: _____

The Pennsylvania Department of Health has mandated rules and regulations for the administration of first aid care of the ill child. St. Michael School's procedures permit the use of the following over-the-counter medications: **Tylenol** or **Ibuprofen** for pain, **Antacid** for nausea, **Caladryl** or **1% Hydrocortisone Cream** for itching, **Anbesol** for toothache, **Stingkill** for insect bites, **Benadryl** for localized allergic reactions, **Smelling Salts of Camphor** for fainting, **Murine** or similar product for flushing eyes, and **First Aid Cream** or **Antibiotic Ointment** for cuts and abrasions.

I give permission for my child to receive the following over-the-counter medications:

Tylenol for pain: ___yes ___no Ibuprofen for pain: ___yes ___no Antacid for nausea: ___yes ___no

Please list known allergies _____

What symptoms occur? _____

What treatment is recommended? _____

Please list any medications your child takes _____

Please list any existing health condition(s) _____

(Written) Parent/Guardian Signature

Date

PLEASE COMPLETE INFORMATION FOR SCHOOLREACH ON BACK!

SCHOOL REACH INFORMATION

This year, we are implementing a new system called SchoolReach which enables school personnel to notify all households and parents by phone within minutes of an emergency or unplanned event that causes an early dismissal, school cancellation or late start. We are requesting the following information from you to help this system work at its best for you. We are able to enter several emergency numbers, but please give careful thought to the numbers you wish to have contacted. Listed below are some suggestions of numbers you may want to consider but not necessarily needed in your situation. Please enter only the ones you need to be contacted. Thank you.

FAMILY NAME: _____

DELAY/CANCELLATION CONTACTS
(early morning/before school starts)

Home phone: _____

Mom's cell: _____

Mom's work: _____

Dad's cell: _____

Dad's work: _____

Grandparents: _____

Babysitter: _____

Other: _____

EARLY DISMISSAL CONTACTS
(during school hours)

Home phone: _____

Mom's cell: _____

Mom's work: _____

Dad's cell: _____

Dad's work: _____

Grandparents: _____

Babysitter: _____

Other: _____

Attached are our “2009-2010” Emergency Procedure Card and News/Media Permission Slip. Please complete a form for **EACH** child attending St. Michael School. It is *imperative* that we have **ALL** requested information.

Thank you,

Judy Noel
Principal

Attached are our “2009-2010” Emergency Procedure Card and News/Media Permission Slip. Please complete a form for **EACH** child attending St. Michael School. It is *imperative* that we have **ALL** requested information.

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Judy Noel
Principal

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