

**ST. PHILIP CATHOLIC SCHOOL**

**Emergency Communication Form**

Dear Parents,

In the event of an emergency we have in the office a "grab and go" file that contains important information for each student that has the contact information, health information and transportation. When the school is operating under emergency conditions this hard copy paper serves as the main source of information for teachers and administration. This information will also be entered into the OptionC program and during emergency operations OptionC will serve as our first line of communication with you to provide vital information.

Please review this document and complete it in its entirety, if necessary during the school year please alert the main office of any changes.

Please review and complete this information and return with your registration or re-enrollment documents. Your registration will not be considered complete until this document is returned.

We thank you for your cooperation in this matter. If we all work together as a team we will have a safe and effective emergency dismissal plan.

Thank you,  
The School Office

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**These phone numbers will be used for our automated system that alerts families of 2 hour delays, cancellations, early dismissal and emergencies. It is not an emergency contact number.**

\_\_\_\_\_  
Family Name (Please Print)

\_\_\_\_\_  
Car or Bus Rider

\_\_\_\_\_  
Primary Contact Number:

\_\_\_\_\_  
Secondary Contact Number:

**ST. PHILIP CATHOLIC SCHOOL EMERGENCY INFORMATION AND EMERGENCY COMMUNICATION FORM**

**NOTE: Please print all information:**

Family Last Name: \_\_\_\_\_

First Names of Children and Grade: \_\_\_\_\_

\_\_\_\_\_  
School District: \_\_\_\_\_

\_\_\_\_\_  
Home Phone #: \_\_\_\_\_

Address: \_\_\_\_\_

Father's Name: \_\_\_\_\_

Cell Phone #: \_\_\_\_\_

Place of Employment: \_\_\_\_\_

Work Phone #: \_\_\_\_\_

Mother's Name: \_\_\_\_\_

Cell Phone #: \_\_\_\_\_

Place of Employment: \_\_\_\_\_

Work Phone #: \_\_\_\_\_

Do any of your children have a Medical Condition? Yes (see below) \_\_\_\_\_ No \_\_\_\_\_

Write child(ren) name(s) next to the condition: Severe Allergy (that requires medication) \_\_\_\_\_

Asthma \_\_\_\_\_ ADD/ADHD \_\_\_\_\_

Seizures \_\_\_\_\_ Behavioral/Emotional \_\_\_\_\_

Other \_\_\_\_\_

Medications: \_\_\_\_\_

**AS THE CARE AND TREATMENT OF ANY CHILD IS PRIMARILY THE RESPONSIBILITY OF THE PARENT, EVERY EFFORT WILL BE MADE TO CONTACT YOU FIRST. PLEASE LIST 2 EMERGENCY CONTACTS WHO MAY PICK UP YOUR CHILD(REN) DURING SCHOOL HOURS.**

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_ Phone #: \_\_\_\_\_

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_ Phone #: \_\_\_\_\_

**TO WHOM IT MAY CONCERN:** If neither of the parents or guardians can be contacted in the case of serious injury or illness, I hereby authorize representatives of St. Philip Catholic School to act as an agent to secure emergency transportation for (write all children's names) \_\_\_\_\_, a minor child(ren), for whom I am responsible. I hereby agree to hold St. Philip Catholic School; and its representatives harmless for exercising judgement in authorizing transportation of my child.

Parent Signature: \_\_\_\_\_

It is extremely important that all requested information on this form be kept up to date for your child's welfare. Please notify the school office of any changes to the above information.

Family Email Address: \_\_\_\_\_

**NOTE:** Student Name, address, phone number and email address will be placed in a school directory which will be given to all families. If you do not wish to have this information listed please indicate below.

\_\_\_\_\_ I do not wish to have the contact information listed in the directory.