

ST. SCHOLASTICA RELIGIOUS ED
EMERGENCY CONTACT FORM 2026-2027

Family Name: _____

Address: _____

Student Name: _____ **RE Grade:** _____

Student Name: _____ **RE Grade:** _____

Student Name: _____ **RE Grade:** _____

Student Name: _____ **RE Grade:** _____

PARENT/GUARDIAN INFORMATION *(Parent/Guardian will be contacted first)*

Parent 1: _____ Relationship: _____ Occupation: _____

Cell Phone: _____ Email: _____

Parent 2: _____ Relationship: _____ Occupation: _____

Cell Phone: _____ Email: _____

EMERGENCY CONTACTS *(Please list individuals authorized to be contacted/can pick up your child if a parent/guardian cannot be reached)*

Emergency Contact #1

Name: _____ Relationship to Student: _____

Phone Number: _____

Emergency Contact #2

Name: _____ Relationship to Student: _____

Phone Number: _____

Allergies, Medications, Medical Conditions, Learning Needs that may best help us support your child(ren): _____

MEDICAL EMERGENCY AUTHORIZATION AND CONSENT

As the parent/guardian of the child(ren) listed on this form, I authorize the St. Scholastica RE/parish and its representatives to contact emergency services in the event of a medical emergency involving my child(ren). I understand that every reasonable effort will be made to contact a parent/guardian or emergency contact immediately.

Parent/Guardian Signature: _____ Date: _____

PHOTO/VIDEO PERMISSION

I give permission for my child to be photographed or videotaped during school/parish activities for use in newsletters, social media, websites, and other school/parish materials.

Yes No Parent/Guardian Signature: _____ Date: _____

