

St. Joseph School & Extended Care Program
401 E. Kellett Street
Martinsburg, MO 65264
573-492-6283
2018-2019 Student Health & Emergency Form

Student's Name: _____ Date of Birth: _____

Address: _____ Home Phone: _____

Father's Contact Information: Work: _____ Cell: _____ Home: _____

Mother's Contact Information: Work: _____ Cell: _____ Home: _____

Current E-mail for us to notify you of school information: _____

In the event we need to get ahold of someone during the day who is the best person to contact? _____

What is the best way to contact this person? (work, cell, home, email) _____

If we are unable to reach the above contact, please list below who we are able to contact if there is an emergency:

Name: _____ Phone: _____ Relationship: _____

Name: _____ Phone: _____ Relationship: _____

In the event of an emergency dismissal (earthquake or other natural disaster) the above student may be released to the following contacts in addition to any of the contacts above:

Name: _____ Phone: _____ Relationship: _____

Name: _____ Phone: _____ Relationship: _____

Family Doctor: _____ Phone: _____

Hospital Preference: _____ Phone: _____

Family Dentist: _____ Phone: _____

Is the student currently taking any medication? Yes, please explain _____ No

Does the student have any food allergies? Yes, please explain _____ No

Does the student have any drug allergies? Yes, please explain _____ No

Please list any health conditions the school should be aware of: (ie seizures, heart disease, diabetes, lung problems, past surgeries) _____

Authorization for Medical Care in case of an Emergency: In case of an emergency, we request St. Joseph School (including the extended care program) to contact us. We authorize officials to secure emergency treatment if we can not be reached. We will assume responsibility for any expenses incurred.

Signature of Parent or Guardian _____ Date _____

Signature of Parent or Guardian _____ Date _____

The above information will be used for the current school year unless you notify the school in writing of any changes.

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2018-2019 Student Dismissal Form

Family Name _____

Child/Children _____

Please mark how your child/children will leave school and circle the appropriate days

Car Rider M T W TH F **All week**

Walk Home M T W TH F **All week**

Extended Care M T W TH F **All week**

Dismissal is at 3:00 pm and Early Dismissal is at 1:00pm. If a student is not picked up by 3:15 pm or 1:15 pm (on early dismissal days) they will have to attend Extended Care and a fee will apply.

If there is a change to the above schedule please send a note to school or call the school office at 573-492-6283.

Please list those who have permission to pick up your child/ children from school:

If there is anyone who is NOT allowed to pick up your children from school please list below:

Signature of Parent or Guardian _____ Date _____

Signature of Parent or Guardian _____ Date _____

The above information will be used for the current school year unless you notify the school in writing of any changes.