

*Our Lady of Mt. Carmel School*  
**EMERGENCY CONTACT FORM**  
**2023 - 2024**

Student name \_\_\_\_\_ Grade \_\_\_\_\_ M or F  
  Last   First

Student name \_\_\_\_\_ Grade \_\_\_\_\_ M or F

Student name \_\_\_\_\_ Grade \_\_\_\_\_ M or F

Address \_\_\_\_\_  
  Street   Town   Zip

1. Primary Parent/Guardian \_\_\_\_\_  
    Relationship to child \_\_\_\_\_  
    Phone \_\_\_\_\_ Work phone \_\_\_\_\_  
    Email address \_\_\_\_\_

2. Other Parent/Guardian \_\_\_\_\_  
    Relationship to child \_\_\_\_\_  
    Phone \_\_\_\_\_ Work phone \_\_\_\_\_  
    Email address \_\_\_\_\_

3. Other relative/person who is authorized to pick up your child from school:  
    Name \_\_\_\_\_  
    Relationship to child \_\_\_\_\_  
    Phone \_\_\_\_\_

*Pediatrician* \_\_\_\_\_ *Phone* \_\_\_\_\_

*Allergies or medical conditions* \_\_\_\_\_

\*If you would like your child to receive pain medication or any other medication while at school, please see the nurse for the correct form.

- I give permission for the doctor’s office to release medical information to the school nurse: YES NO
- I have read the student handbook (sent home separately) and agree with it: YES NO
- I give permission for my student (ages 10-18) to be screened for scoliosis: YES NO
- The daily way for my child to be dismissed: Bus Car Walk(w/parent) or by themselves

Parent/Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_