



Family Name: _____

STUDENT EMERGENCY FORM- 2020-2021

STUDENT(s) INFORMATION:

1. Last Name: _____ First Name: _____ Date of Birth: _____

Grade _____ Male ___ Female ___ Allergies: _____

Date of Last Tetanus: _____ Medications: _____

Other Health Problems: _____

Student resides with: _____

2. Last Name: _____ First Name: _____ Date of Birth: _____

Grade _____ Male ___ Female ___ Allergies: _____

Date of Last Tetanus: _____ Medications: _____

Other Health Problems: _____

Student resides with: _____

3. Last Name: _____ First Name: _____ Date of Birth: _____

Grade _____ Male ___ Female ___ Allergies: _____

Date of Last Tetanus: _____ Medications: _____

Other Health Problems: _____

Student resides with: _____

4. Last Name: _____ First Name: _____ Date of Birth: _____

Grade _____ Male ___ Female ___ Allergies: _____

Date of Last Tetanus: _____ Medications: _____

Other Health Problems: _____

Student resides with: _____

Parent or Legal Guardian Information:

Mothers / Legal Guardian Name: _____

Address: _____ **City** _____ **ST** _____ **Zip** _____

Home Phone: _____ **Cell Phone:** _____ **Work Phone:** _____

Primary Email Address: _____

Fathers / Legal Guardian Name: _____

Address: _____ **City** _____ **ST** _____ **Zip** _____

Home Phone: _____ **Cell Phone:** _____ **Work Phone:** _____

Primary Email Address: _____

Please list 2 emergency contacts who will assume responsibility if the parent(s) or legal guardian(s) cannot be reached:

Name: _____ **Relationship:** _____

Contact # _____ **Contact #** _____

Name: _____ **Relationship:** _____

Contact # _____ **Contact #** _____

Is there are court order restricting access to the student and / or students records? ___Yes ___No
If "yes" please provide the school with a certified copy.

In case of an accident or serious illness, the school will contact the parent or legal guardian. If the school is unable to contact the parent, legal guardian or person designated above the school will contact the physician or will make the necessary arrangements for immediate treatment. Payment of fees will be assumed by the parent or legal guardian.

I / we have reviewed and understand the conditions of the Holy Family Catholic Student Emergency Form.

Parent / Legal Guardian Signature: _____ **Date:** _____

Parent / Legal Guardian Signature: _____ **Date:** _____



Holy Family Catholic School

250 78th Avenue NE – St. Petersburg, Florida 33702
Tel. (727) 526-8194 – Fax (727) 527-6567
www.holyfamilycatholicsschool.com

Mrs. Abigail Rudderham
Principal

Authorization Form – School Pick-Up List 2020-2021

For your child(ren)'s protection, please list the names of persons authorized to take your child(ren)'s from School. Please inform the authorized persons to be prepared to identify themselves to our staff. **Include yourself** (person who is signing the form) **and any other persons authorized to pick up.** If any of this information changes, be sure to notify the office immediately. **Parents must send written notification of a temporary change on a particular day**, i.e. campers visiting other Students homes after School. Written notification is preferred.

Students will not be released to non-authorized persons. In the event this is attempted, efforts will be made to contact the person signing this form. However, if this person is unreachable, Students will be kept in Extended Day at the parent's expense.

Student Name: _____

Student Name: _____

Student Name: _____

Student Name: _____

Name: _____ Relationship to Child _____

Name: _____ Relationship to Child _____

Name: _____ Relationship to Child _____

Name: _____ Relationship to Child _____

Name: _____ Relationship to Child _____

List Persons That You Do Not Want to Pick Up Your Child(ren)? (If Applicable)

Parent / Guardians Signatures:

SIGNATURES OF BOTH PARENTS ARE REQUIRED. Exceptions are single parents, deceased parents or cases where one parent has sole legal custody. **Sign the form on the first two lines.** Non-custodial parents (or those who share custody) who have regular visitation **must also sign.**

SIGNATURE: _____

PRINT NAME: _____ RELATIONSHIP _____

SIGNATURE: _____

PRINT NAME: _____ RELATIONSHIP _____

ACHIEVE † EXCEL † BELONG



Family Name: _____

Holy Family Catholic School
Promotional Media Release
2020 - 2021

Family Name: _____ Number of Children: _____

Please list all children including those in the Early Childhood Center; name, age, date of birth, and grade for 2020-21.

1.Name: _____	Age: _____	DOB: _____	Grade: _____
2.Name: _____	Age: _____	DOB: _____	Grade: _____
3.Name: _____	Age: _____	DOB: _____	Grade: _____
4.Name: _____	Age: _____	DOB: _____	Grade: _____
5.Name: _____	Age: _____	DOB: _____	Grade: _____

During the school year, **Holy Family Catholic School** may participate in the recorded, edited, reproduced, and distributed audio, video, or still imaging recordings that involve the use of students' names, likenesses and/or voices. Such productions may be used for educational or exhibition purposes by **Holy Family Catholic School/Center** and the Diocese of St Petersburg in perpetuity and may be copied, copyrighted, edited and distributed by Holy Family Catholic School/Center and the Diocese in perpetuity unless said consent is revoked in writing.

News media, including representatives of television, radio, newspapers and magazines, also often are permitted on school property and may take notes, still photos, sound recordings and/or moving pictures that may include your child. These items may appear or be used in news or feature stories by any media format.

You have the right to object to the use of your child's name, likeness and/or voice in these productions and may do so by completing the form below and returning it to the Administrator of, Holy Family Catholic School/Center. If you have any questions, please contact the school office at: 727-526-8194.

****Please Check One**

YES- I / We NO- I/We give permission for my child(ren) names or photos to be published in school ads, newspapers, any print forms, internet and electronic mailings, and / or radio, television, or media seen by the public.

****Please Check One**

Yes- I / We NO- I / We give permission for my child(ren) names or photos to be published in **School Yearbook**. (This is the only exception from the above)

**** Please note both sections need a check mark**

Signature of Parent or Legal Guardian: _____ Date: _____

Signature of Parent or Legal Guardian: _____ Date: _____