

**PUPIL EMERGENCY INFORMATION 2023-2024**

PARENT LAST NAME (print) \_\_\_\_\_ CHILD(REN)'S LAST NAME(S) \_\_\_\_\_

**NAME OF CHILD(REN)** **BIRTH DATE** **GRADE AND/OR TEACHER**

\_\_\_\_\_/\_\_\_\_/\_\_\_\_ \_\_\_\_\_  
\_\_\_\_\_/\_\_\_\_/\_\_\_\_ \_\_\_\_\_  
\_\_\_\_\_/\_\_\_\_/\_\_\_\_ \_\_\_\_\_

**FATHER**

FATHER / check if step-parent  : \_\_\_\_\_ Father's cell: \_\_\_\_\_

Father's email: \_\_\_\_\_ Father's work number: \_\_\_\_\_

**MOTHER**

MOTHER / check if step-parent  : \_\_\_\_\_ Mother's cell: \_\_\_\_\_

Mother's email: \_\_\_\_\_ Mother's work number: \_\_\_\_\_

**STUDENT**

CHILD(REN)'S primary address: \_\_\_\_\_

IF NEW HOME ADDRESS CHECK \_\_\_ / If HOME PHONE *other than cell* list here: \_\_\_\_\_

If divorced, who is primary CUSTODIAL PARENT? \_\_\_\_\_

If custodial parent cannot be reached, may we contact non-custodial parent?  YES /  NO

**TWO ADULTS** who will assume responsibility and may pick up child if parents cannot be reached:

Name: \_\_\_\_\_ Relationship to child: \_\_\_\_\_ Phone: \_\_\_\_\_

Name: \_\_\_\_\_ Relationship to child: \_\_\_\_\_ Phone: \_\_\_\_\_

**HEALTH SECTION**

Physician/Hospital of choice: \_\_\_\_\_ Physician Phone: \_\_\_\_\_

List medications, dosage your child(ren) takes at home OR school and any physical, mental conditions, allergic reactions:

**Child's Name and List Conditions:** \_\_\_\_\_

Also Please check: \_\_\_Asthma / \_\_\_Diabetes / \_\_\_Heart Conditions / \_\_\_Epilepsy/ \_\_\_Allergies (list) \_\_\_\_\_

**Child's Name and List Conditions:** \_\_\_\_\_

Also Please check: \_\_\_Asthma / \_\_\_Diabetes / \_\_\_Heart Conditions / \_\_\_Epilepsy/ \_\_\_Allergies (list) \_\_\_\_\_

**Child's Name and List Conditions:** \_\_\_\_\_

Also Please check: \_\_\_Asthma / \_\_\_Diabetes / \_\_\_Heart Conditions / \_\_\_Epilepsy/ \_\_\_Allergies (list) \_\_\_\_\_

If in the judgment of school authorities immediate medical and/or hospital attention is indicated, do you authorize school authorities to send your child to Gateway Regional Medical Center, Granite City? Circle choice YES NO

Signature of Legal Parent (sign) \_\_\_\_\_ Date: \_\_\_\_\_

Print Name of Parent: \_\_\_\_\_

# Certification of Medical Insurance / Indemnity Agreement

**PARENT LAST NAME (PRINT)** \_\_\_\_\_

A. The undersigned, as parent(s) or guardian(s) of the *student(s) below* (please print):

Name: \_\_\_\_\_ Grade 2023-2024 \_\_\_\_\_

Name: \_\_\_\_\_ Grade 2023-2024 \_\_\_\_\_

Name: \_\_\_\_\_ Grade 2023-2024 \_\_\_\_\_

Name: \_\_\_\_\_ Grade 2023-2024 \_\_\_\_\_

I do certify to Holy Family School, Granite City, and the Catholic Dioceses of Springfield in Illinois, that my child(ren) **IS/ARE COVERED** under the following medical insurance policy or health care plan:

Name of Insurer or Insurance Plan: \_\_\_\_\_

Policy or Group Number: \_\_\_\_\_

**OR**

B. The undersigned, as parent(s) or guardian(s) of the *student(s) below* (please print):

Name: \_\_\_\_\_ Grade 2023-2024 \_\_\_\_\_

Name: \_\_\_\_\_ Grade 2023-2024 \_\_\_\_\_

Name: \_\_\_\_\_ Grade 2023-2024 \_\_\_\_\_

Name: \_\_\_\_\_ Grade 2023-2024 \_\_\_\_\_

I do certify to Holy Family School, Granite City, and the Catholic Dioceses of Springfield in Illinois, that my child(ren) **IS/ARE NOT COVERED** by a medical insurance policy or health care plan. I agree to obtain insurance through AIG Student Accident Insurance Policy 2023-2024. Enroll in the office or call 1-800-551-0824 for enrollment.

## **BELOW APPLIES TO ALL**

I/We further understand that Holy Family School does not provide any medical insurance coverage for the child(ren), and that I/we assume all responsibility for payment of any medical expenses (including, but not limited to, doctors' fees, hospital charges, or any other medical or related charges) incurred by the child(ren) due to any injury or illness that occurs while the child(ren) is/are in attendance at Holy Family School or participating in any Holy Family School sponsored activity, including athletic events.

I/We hereby agree to hold harmless and indemnify Holy Family School and the Catholic Diocese of Springfield in Illinois, including their employees, volunteers, clergy and religious, from any claims for medical expenses described above.

I/We have read the above agreement and fully understand the terms contained herein, and agree to abide by its terms.

\_\_\_\_\_  
Signature of Legal Parent or Guardian Only

\_\_\_\_\_  
Date

## EMAIL INFORMATION 2023-2024

Please fill out the most current information regarding email addresses (parents/guardians only). List only each parent's primary email address. It is the responsibility of the parent to check daily the email that you have submitted.

This information will be implemented in the Gradelink system that allows only a parent or guardian to track their child's academic progress and provides an avenue to send updates concerning school activities. Thank you for your assistance.

**Father's Name (print):** \_\_\_\_\_

Email Address (print clearly): \_\_\_\_\_

**Mother's Name (print):** \_\_\_\_\_ Email Address (print  
clearly): \_\_\_\_\_

Children enrolled in Holy Family School, Kindergarten through Eighth Grade:

Student's Name (Print) \_\_\_\_\_ Grade \_\_\_\_\_

Student's Name (Print) \_\_\_\_\_ Grade \_\_\_\_\_

Student's Name (Print) \_\_\_\_\_ Grade \_\_\_\_\_

Student's Name (Print) \_\_\_\_\_ Grade \_\_\_\_\_

**MEDIA PUBLICITY RELEASE FORM  
2023-2024**

**FAMILY NAME (print)** \_\_\_\_\_

In order for your child(ren)'s name or photograph to appear on Holy Family's internet sites, the newspaper, in the yearbook, on the radio, or on television in connection to school events during the school year, Holy Family requires that the release form below be signed. These events could include Honor Roll, the names of contest winners, or radio and television promotional events.

Student's Name (Print) \_\_\_\_\_ Grade \_\_\_\_\_

Student's Name (Print) \_\_\_\_\_ Grade \_\_\_\_\_

Student's Name (Print) \_\_\_\_\_ Grade \_\_\_\_\_

Student's Name (Print) \_\_\_\_\_ Grade \_\_\_\_\_

**CHECK ONLY ONE BOX**

I **DO GIVE** MY PERMISSION FOR MY CHILD(REN)'S PHOTOGRAPH OR NAME TO APPEAR ON HOLY FAMILY'S INTERNET SITES, IN THE NEWSPAPER, IN THE YEARBOOK, SOCIAL MEDIA, ON RADIO, OR TELEVISION DURING THE 2023-2024 SCHOOL YEAR.

I **DO NOT GIVE** MY PERMISSION FOR MY CHILD(REN)'S PHOTOGRAPH OR NAME TO APPEAR ON HOLY FAMILY'S INTERNET SITES, IN THE NEWSPAPER, IN THE YEARBOOK, SOCIAL MEDIA, ON RADIO, OR TELEVISION DURING THE 2023-2024 SCHOOL YEAR.

\_\_\_\_\_  
Signature of Parent or Guardian

\_\_\_\_\_  
Date

\_\_\_\_\_  
Print Name of Parent or Guardian

Holy Family School  
1900 St. Clair Avenue  
Granite City, IL 62040  
618-877-5500

## Virtus Touching Safety Program 2023-2024

The Virtus Touching Safety Program, an age appropriate component of the Protecting God's Children Program, is taught as part of the Holy Family School curriculum.

I give my permission for my child(ren) to receive this instruction. I understand that I may attend the sessions and will be notified in advance of the scheduled dates.

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Student Name (Print)

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Grade or Teacher

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Student Name (Print)

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Grade or Teacher

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Student Name (Print)

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Grade or Teacher

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Student Name (Print)

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Grade or Teacher

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Parent Signature

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Date

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Print Parent Name





