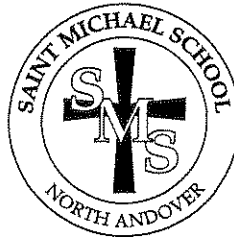


Saint Michael School
80 Maple Avenue
North Andover, MA 01845



Phone (978) 686-1862
Fax (978) 688-5144
st-michael@comcast.net
www.saintmichael.com

Occasionally the faculty may need to get in touch with you. This form **MUST BE** kept in the school office. Please fill out the information below and sign the release so that we will have your permission to treat your child in the case of an emergency. If your child has additional medical considerations, please contact the school nurse.

Student's Name _____

Grade _____ Student's Date of Birth _____

Street Address _____

Town, State, Zip _____ Home Phone _____

Father's Name _____ Email _____

Father's Place of Work _____

Father's Work Hours _____ Cellular # _____ Work Phone _____

Mother's Name _____ Email _____

Mother's Place of Work _____

Mother's Work Hours _____ Cellular # _____ Work Phone _____

Please Note: If the student does not reside with both parents, please provide an additional address for the parent with whom the child does not reside:

Parent Name _____ Address _____

Please indicate two people to contact if parents are not available. **THIS MUST BE FILLED OUT!**

Name _____ Phone _____

Address _____ Relationship _____

Name _____ Phone _____

Address _____ Relationship _____

I, _____, the parent or guardian of _____, authorize the staff and personnel of Saint Michael School to treat my son or daughter in case of emergency.

Further, I (we), release the staff and personnel of Saint Michael School from liability for any act or omission conducted in the course of rendering such care to my son or daughter. In the event of an emergency, your child will be taken to the nearest hospital, unless otherwise notified.

Please be advised that students names and/or photos may appear in the school newsletter and local newspapers. If you do not give us permission to do so, please contact the school in writing.

I (we) understand and agree to pay all fees associated with my child(ren)'s participation and attendance in any programs sponsored by St. Michael School.

I (we) have read and agree to be governed by the rules and policies outlined in the school handbook (located in the front cover of your child's assignment notebook for gr. 1-8, separate handout for early childhood).

Parent/Guardian Signature _____ Date _____

If at any time, the above information is updated by the parents, please send in a note to the school office with updated phone numbers/addresses so we are able to contact you.

One form is required for each child

If your child plans on participating in any sport-related activity/club (ski, basketball, fencing, running, etc.) at school this year, please have your physician complete the athletic health form or attach your up-to-date medical form with your physician's approval for participation in sports indicated.