

**Saint Mark School
Emergency Form 2020-2021**

Student Name: _____

Grade: _____

Parent/Guardian: _____

Address: _____

Town/Zip Code: _____

Home Phone#: _____

Father's Name: _____

Place of Business: _____

Cell Phone #: _____

Business Phone #: _____

Email: _____

Mother's Name _____

Place of Business: _____

Cell Phone #: _____

Business Phone #: _____

Email: _____

Grandparent(s) Name(s) _____

Address _____

Town/Zip _____

Home Phone _____

Email _____

Complete 2nd page

In case of illness, if unable to reach parent, please call:

Name: _____ **Phone #** _____

Relationship: _____

Name: _____ **Phone #** _____

Relationship: _____

Student's Physician: _____

Phone#: _____

Student's Dentist: _____

Phone#: _____

Weather/Emergency/Normal Dismissal please dismiss my child by:

_____ **My child can ride the bus as usual**

_____ **My child can go home with:**

#1 _____

#2 _____

#3 _____

Consent release: Family and student data which are used for school related use only. They are not shared with any business, sold or published to the school community. Please let us know if you care to share this information or not.

_____ **Yes, you may share our phone # for emergency purposes only with the Room Parents.**

_____ **No, please keep all our information confidential.**

Signature of Parent or Guardian: _____