



# St. Thomas Episcopal School

An outreach of St. Thomas Episcopal Church Since 1974

## EMERGENCY FORM AND WAIVER FOR SUMMER 2019

Student Name(s): \_\_\_\_\_  
\_\_\_\_\_

In the event of illness and we cannot reach either parent, please list **TWO** other adults we can contact:

Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Name: \_\_\_\_\_ Phone: \_\_\_\_\_

In the event of a sudden, severe, or critical accident involving my child(ren), I authorize a representative of St. Thomas Episcopal School to call 911 for emergency medical support and transportation to North Central Baptist Hospital, the nearest emergency facility, unless designated differently below. EMS personnel at the scene may designate a different facility due to the level of emergency care needed. My child(ren) will go to that facility. I understand that I will be called immediately and that a representative for the school will meet me at the hospital.

In the event of an accident or illness that is not severe, I authorize first aid care until I can be reached. I understand that during a medical situation St. Thomas Episcopal School staff members will not transport children in private vehicles.

St. Thomas Episcopal School does not assume any financial responsibility, but will arrange for emergency care when deemed necessary.

Please transport my child to: \_\_\_\_\_

*(Name of Hospital different that North Central Baptist)*

### Insurance Information

Policy Holder's Name: \_\_\_\_\_

Address: \_\_\_\_\_

Relationship to Student: \_\_\_\_\_

Policy Holder's Soc. Security #: \_\_\_\_\_ Insurance Company: \_\_\_\_\_

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

Local Physician Name and Address: \_\_\_\_\_  
\_\_\_\_\_



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Please list any allergies, special dietary needs, physical/mobility limits, and any other health condition or information you feel we should know about your child's health.

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Parent Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Photography Release-** My child(ren) have my permission to be photographed by designated photographer(s) by St. Thomas Episcopal Church and School during school activities. I understand these photos may be displayed at the school, used in printed materials (including advertising), newspaper releases, St. Thomas website, St. Thomas Facebook page, etc.

Parent Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Carpool Release Information/Permission-** My child(ren) may be picked up by the following pre-approved person(s). (Please include appropriate parent's names as well.) You must notify the child's teacher in writing when a person other than a parent will be picking up a child, even if they appear on the following list. If you need to add or change this list, please contact the school office.

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<i>Name</i>	<i>Relationship</i>	<i>Phone Number</i>
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