

**OUR LADY OF PEACE SCHOOL
EMERGENCY INFORMATION 2015-2016**

PLEASE PRINT:

Main Contact Phone Number

_____ Family Last Name	_____ Father	_____ Mother
_____ Address	_____ City	_____ Zip Code
_____ Father's Place of Employment	() Work Phone Number	_____ Cell Phone
_____ Mother's Place of Employment	() Work Phone Number	_____ Cell Phone

*** **Mother's E-Mail Address :** _____
and/or
 *** **Father's E-Mail Address:** _____
 *****(For communication with School Office/teachers/progress reports/grades.)**

List two emergency names to call only if parents cannot be reached: Please list in the order in which you would like them to be called.

1 _____ Relation _____ Phone (____) _____

2 _____ Relation _____ Phone (____) _____

Doctor _____ Phone (____) _____

****NOTE: Please see reverse side for *Emergency Release Form*.**

List Your Child/Children's Name & Grade

List Medications or Health Problems (if any)

_____ Child's Name	_____ Grade	_____ _____

****PLEASE CONTINUE TO REVERSE SIDE.**

EMERGENCY RELEASE FORM

A situation may arise which would necessitate an irregular dismissal of students from Our Lady of Peace School.

In such a situation, students will be released only to parents or a designated adult. If I am unable to be contacted by telephone or unable to pick up my child/children, I give the faculty and staff of Our Lady of Peace School permission to release my child/children to the following adult(s):

Name of Designated Adult

Home Phone

Parent signature: _____