



The well-being of your child is important to us. Sometimes when children become seriously ill or injured, we find it difficult to locate the parents or legal guardians. In that case, the School Principal will send your child to the closest appropriate hospital if emergency medical care is required. The legal responsibility for medical expenses incurred on behalf of your child at the hospital is a parental one.

Family Physician: \_\_\_\_\_ Physician's Phone Number: \_\_\_\_\_  
Area Code

If your insurance requires a specific hospital, please indicate: \_\_\_\_\_

**EMERGENCY CONTACTS – OTHER THAN PARENTS**

We contact Mother, then Father, before contacting the Individuals below.  
 Please let us know if you wish to change our Order of Contact.

<u>Name</u>	<u>Relationship to Student</u>	<u>Daytime Phone</u>
Contact #1: _____	_____	_____ <small>Area Code</small>
Contact #2: _____	_____	_____ <small>Area Code</small>

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**Archdiocese of Milwaukee  
 Release of Information Form**

*“Each parish/school should establish policies regarding the release of names, addresses, phone numbers, and images of students, faculty, staff, and school families. For inclusion in directories, brochures, websites, or any other medium, permission needs to be obtained from the individual(s) involved, and in the case of minors, from their parent/guardian. General group pictures of students, staff, etc., without specific identification of individuals are not subject to this policy” (P1112).*

I consent to the use by St. Alphonsus School of any videotape, photograph, slide, audio tape, or any other visual or audio reproduction in which I or my child(ren) may appear. I understand that these materials are being used for promotion of St. Alphonsus School. Such promotional activities extend to recruitment, fund-raising, advocacy, etc. I release the staff, volunteers, etc., of St. Alphonsus School from any liability connected with the use of my or my child(ren)'s picture or voice recording as part of any of the above or similar activities.

\_\_\_\_\_  
 Signature

\_\_\_\_\_  
 Date

I give permission to have my/my child(ren)'s address and phone number published in the school family directory.

\_\_\_\_\_  
 Signature

\_\_\_\_\_  
 Date

Form: 1112  
 Rev: 5-7-02

Archdiocese of Milwaukee

**PARENTS / GUARDIANS MUST NOTIFY THE SCHOOL AS SOON AS POSSIBLE IF ANY INFORMATION CHANGES.**