



Emergency Contact Parent/Guardian Information 2019-2020

Father/Guardian Name: _____ Phone# _____

Mother/Guardian Name: _____ Phone# _____

If student is staying with another family, please give the name and number of the primary contact:

Name: _____ Phone# _____

In the event that the parent/guardian cannot be reached, contact one of the following:

Name: _____

Relationship _____ Phone# _____

Name: _____

Relationship _____ Phone# _____

Physician/Insurance Information

Physician: _____ Phone: _____

Dentist: _____ Phone: _____

Insurance Company: _____ Policy# _____

Address: _____ Group# _____

Name of Policy Holder: _____ Relationship of Policy holder to child _____

Snow and Severe Weather Notifications / Text Notifications

If school closes for the day or is dismissed early due to severe weather (always at the sole discretion of the Principal), the Academy will use a text notification service to notify the parents. Please provide the number that is best to contact you. *If your child is staying with a family, please list that family's information.* The Academy may also update parents with other non-emergency information via text.

Parents are responsible for keeping their information up to date with the registrar.

Name of primary contact: _____ Phone: _____

Secondary contact (optional): _____ Phone: _____

PERMISSION TO PARTICIPATE- PERMISSION TO TRANSPORT

I/We give permission for my/our child to participate in school-sponsored trips away from the school premises throughout the current school year and consent to allow any of the priests of the Society of Saint Pius X, the teachers of Assumption Academy, any parishioners or other volunteers, or whomever any of these so delegates to transport my/our child to and from any of these field trips.

RELEASE OF LIABILITY AGREEMENT

I/We understand that there are risks involved with participation in off-campus trips and their associated activities. In consideration of my/our child being allowed to participate in these events, I/we assume responsibility for those ordinary and reasonable risks associated with the travel and activities. I/We agree to release and hold harmless the Society of Saint Pius X of Walton, KY, Inc., also known as Assumption Academy, its affiliated organizations, employees, agents, and representatives, including volunteer and other drivers, from any and all claims arising from my/our child's participation. This release agreement does not apply to claims of intentional (criminal) misconduct or gross negligence by the school, its employees, or volunteers. If such circumstances are proved in a court of law, I/we acknowledge and agree that the school can assume no financial liability beyond its actual liability insurance policy in force.

PERMISSION TO TREAT

In case of any accident, illness, or other incident requiring medical attention, I/we request that the school contact me/us. If the school cannot reach me/us after conscientious effort, I/we give permission for school staff to call paramedics or any licensed physician or dentist. If a serious emergency exists, I/we give permission for school staff to call paramedics or any licensed physician or dentist immediately and then contact me/us as soon as possible thereafter. I/we authorize and consent to any x-ray examination, anesthetic, CPR, medical, dental, or surgical treatment, and/or hospital care which, in the best judgment of a licensed physician or dentist, is deemed advisable. I/we agree to assume the financial responsibility for expenses incurred as a result of emergency transport and/or the previously mentioned services being provided. I/We give permission for the release of health information including verbal, print, fax, and electronic media, necessary for the treatment of my/our child to the appropriate Assumption Academy personnel and /or attending health care providers.

ACKNOWLEDGEMENT OF CONTRACT & INFORMATION SHARING

Upon enrollment in Assumption Academy, I understand that my child(ren) may enter or transfer to or from Our Lady of the Sacred Heart Academy, Walton, based on grade level. By the enrollment or re-enrollment of my child(ren) at Assumption Academy, it is with the understanding that Assumption Academy and Our Lady of the Sacred Heart Academy will share my information and transfer any prior student records and information as necessary for collaboration. I also understand that all contractual agreements and permissions given to Assumption Academy will also apply to Our Lady of the Sacred Heart Academy and its staff.

I agree to all of the above:

Date: _____
Parent/Guardian Signature