

One form for **EACH** student is required.

ST. MARY OF THE MILLS SCHOOL  
STUDENT INFORMATION & EMERGENCY FORM  
2023-2024

One form for **EACH** student is required.

Please **PRINT** ALL of the following information:

Student Name: \_\_\_\_\_  
(Last First Middle)

Student Home Address: \_\_\_\_\_

Date of First Communion (Catholic students): \_\_\_\_\_

Home E-Mail: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ Grade: \_\_\_\_\_

My Student will dismiss in Car Pool \_\_\_\_\_ or as a Walker \_\_\_\_\_ or will attend Aftercare \_\_\_\_\_

Allergies: \_\_\_\_\_

Medication: \_\_\_\_\_

Other Medical/Non-Medical Issues: \_\_\_\_\_

Physician: \_\_\_\_\_ Phone: (\_\_\_\_) \_\_\_\_\_

**Mother's Information**

Name \_\_\_\_\_

Email \_\_\_\_\_

Cell Phone \_\_\_\_\_

Home Phone \_\_\_\_\_

Work Phone \_\_\_\_\_

Occupation \_\_\_\_\_

Employer \_\_\_\_\_

**Father's Information**

Name \_\_\_\_\_

Email \_\_\_\_\_

Cell Phone \_\_\_\_\_

Home Phone \_\_\_\_\_

Work Phone \_\_\_\_\_

Occupation \_\_\_\_\_

Employer \_\_\_\_\_

**Emergency Contacts - Other than Parents: (Not for Dismissal/Car Pool Information)**

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

Relationship: \_\_\_\_\_

Cell Phone: \_\_\_\_\_

Work Phone: \_\_\_\_\_

Home Phone: \_\_\_\_\_

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

Relationship: \_\_\_\_\_

Cell Phone: \_\_\_\_\_

Work Phone: \_\_\_\_\_

Home Phone: \_\_\_\_\_

I, \_\_\_\_\_, parent of \_\_\_\_\_  
give permission to St. Mary of the Mills School to transport my child via private car or ambulance to the nearest hospital emergency room if needed for emergency medical evaluation and treatment in case of accident or illness while at school or while participating in a school sponsored function (note-not for end of day dismissal pickup). I understand that I will be notified immediately in case of illness, and medical treatment will only be sought if I am not available.

Signature of Parent or Guardian: \_\_\_\_\_ Date: \_\_\_\_\_