



Saratoga Central Catholic School
247 Broadway, Saratoga Springs, NY 12866

EMERGENCY CONTACT/INFORMATION 20__-20__

AUTHORIZATION FORM
(please print clearly, fill out both sides)

Student's Name _____ Home Phone _____

Address _____

Grade _____ Date of Birth _____ Male Female (circle one)

Father's Name _____ cell # _____

Place of Employment _____ work # _____

Mother's Name _____ cell # _____

Place of Employment _____ work # _____

Brothers & Sisters

Grade

Emergency Contact Person(s) & Relationship (other than above):

Name _____ Address _____

Phone # _____ Relationship _____

Name _____ Address _____

Phone # _____ Relationship _____

If none of the above can be reached, I will allow my child to be transported to the Emergency Room by ambulance for medical treatment as necessary. I realize that SCC and the Albany Diocese cannot assume responsibility for the payment of any medical fees incurred.

******My child has the following medical condition which requires these steps to be followed in case of an emergency****:**

Pediatrician's Name _____ Pediatrician's Phone _____

Pediatrician's Fax _____

*******Please fill out both sides of this form*******

EMERGENCY CLOSING FOR STUDENT'S REQUIRING BUS TRANSPORTATION:
Please discuss, with your child, a plan of action in the event of an emergency school closing.

In the event of an emergency closing, my child should do the following: _____

Parent Signature

Date

Please let us know how your child/children are transported to/from school -

Parents Transport: (yes) _____

SCC North Country Bus: (yes) _____

Drive Themselves: (yes) _____

Public School District Bus: (which school district) _____



*******Please fill out both sides of this form*******