

FAMILY INFORMATION / PARENTAL PERMISSION

Family Name _____ Home Tel # _____

Street _____ City _____ Zip _____

Father: _____ Mother: _____

Employer: _____ Employer _____

Work Tel # _____ Work Tel # _____

Cell # _____ Cell # _____

E-Mail _____ E-Mail _____

Children attending Immaculate Conception School:

Name	Grade	Health Issues / Concerns
_____	_____	_____
_____	_____	_____
_____	_____	_____

Minor injuries will be treated by school personnel.

In the event of illness or more serious injury, and I cannot be reached, I authorize the following people to pick up my child/children.

1. _____ Tel # _____

2. _____ Tel # _____

3. _____ Tel # _____

In the event of an extreme emergency, the school will call 911 and your child will be transported to the nearest Emergency Room for treatment. We will then notify the Parent/Guardian.

This form will also serve as a Parent/Guardian Permission Slip. By signing below you are giving permission for your child/children to participate in Gym Classes, Field Day activities and any Field Trips or school related activities that take place off school grounds. By signing below, you are also giving permission for your child/children to be photographed as part of any publicity, marketing or promotional program concerning ICS. Please use the back of this form to inform us of any part/parts of the Permission Policy to which you are not agreeing.

Parent/Guardian Signature _____ Date: _____

