

Academy of our Lady of Mercy • Lauralton Hall

EMERGENCY INFORMATION/HANBOOK AGREEMENT 2011/2012

Please print clearly.

STUDENT INFORMATION

Name: _____ Class Year: _____
Last First Middle

Address: _____
Street City St Zip

Parent/Guardian: _____
Relationship if other than parent

Home Phone: _____ E-mail Address: _____ Birth Date: _____

Student Social Security #: _____ Primary language spoken at home: _____

MOTHER INFORMATION

___ Check if legal contact is NOT allowed.

Name: _____ Street Address: _____

City, ST, Zip: _____ Home Phone: _____ Cell Phone: _____

Business Phone: _____, Ext. _____ E-mail address: _____

Employer: _____ Address: _____

FATHER INFORMATION

___ Check if legal contact is NOT allowed.

Name: _____ Street Address: _____

City, ST, Zip: _____ Home Phone: _____ Cell Phone: _____

Business Phone: _____, Ext. _____ E-mail address: _____

Employer: _____ Address: _____

FAMILY INFORMATION

Parents are: living together ___ separated ___ divorced ___.

IMMEDIATE MEDICAL ATTENTION INFORMATION

Signature Required

If an injury occurs which is judged to require immediate medical attention and the contact person listed on the reverse side cannot be reached, Lauralton Hall has my permission to have my daughter transported to a medical facility for treatment.

Preferred Hospital: _____

Preferred Physician: _____ Phone: _____

Preferred Dentist: _____ Phone: _____

Signature of Parent/Guardian: _____ Date: _____

EMERGENCY INFORMATION/HANBOOK AGREEMENT 2011/12 - page 2

EMERGENCY CONTACT INFORMATION

Provide the names of those who can be contacted in an emergency if parents cannot be reached. Please consider this carefully as the student will be released only to parents, guardians or those whose names appear below:

Name #1: _____ Daytime Phone: _____

Relationship to Student: _____ Cell Phone: _____

Name #2: _____ Daytime Phone: _____

Relationship to Student: _____ Cell Phone: _____

Name #3: _____ Daytime Phone: _____

Relationship to Student: _____ Cell Phone: _____

MEDICAL ALERT INFORMATION

Please indicate any medical problems of which the school or medical care provider should be aware:

ADDITIONAL INFORMATION OR COMMENTS

STUDENT/PARENT HANDBOOK AGREEMENT

Two Signatures Required

We have read and fully understand the *Lauralton Hall 2011-2012 Student/Parent Handbook of Expectations* and we agree to be governed by this handbook and all of its contents.

Signature of Student: _____

Signature of Parent/Guardian: _____

Please notify the school immediately if any information should change during the school year.

Academy of Our Lady of Mercy • 200 High Street • Milford, Connecticut 06460
Phone: 203-877-2786 • Fax: 203-876-9760 • Website: www.lauraltonhall.org