

Academy of our Lady of Mercy • Lauralton Hall

**EMERGENCY INFORMATION/HANBOOK AGREEMENT 2009/10**

*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: \_\_\_\_\_

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**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 2008-2009 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](http://www.lauraltonhall.org)**