

Mercy High School Emergency Verification Form 2017-18

***Please update, sign and turn in on Marlin Business Day, August 21, 2017.
Students without this form will be held from attending class. Only one form is needed per family.

Student's Name: First	Last	Grade
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Sisters: (also attending Mercy) First	Last	Grade
First	Last	Grade

Address: (# & Street)	City	Zip
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Phone: Home	Student Cell	Mom's Cell	Dad's Cell
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Student cell numbers will be used by school personnel for emergencies only. Parent initial for approval _____

For State Reporting: Ethnicity	Religion	School District student resides in:
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Student Lives with: (PLEASE CHECK)

- | | | |
|---|---|--|
| <input type="checkbox"/> Both Parents | <input type="checkbox"/> Shared (Mother and Father) | <input type="checkbox"/> Mother Only |
| <input type="checkbox"/> Father Only | <input type="checkbox"/> Mother/Stepfather | <input type="checkbox"/> Father/Stepmother |
| <input type="checkbox"/> Grandparent(s) | <input type="checkbox"/> Guardian | <input type="checkbox"/> Other _____ |

Mother/Guardian

First Name	Last Name	Employer	Work Phone
E-mail		Mercy Graduate?	Graduation Year:

If different than student's address above:

Address: # & Street	City	Zip
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Father/Guardian

First Name	Last Name	Employer	Work Phone
E-mail			

If different than above:

Address: # & Street	City	Zip
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Double Mailing Information (Please complete if a double mailing is needed)

Who should receive the double mailing?	Address	City, State	Zip
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PERMISSION FOR PERSONS, OTHER THAN THE BIOLOGICAL PARENT, TO VIEW STUDENT INFORMATION (grades, attendance record, release from school, etc...):

I authorize Mercy High School to provide information to the step-parent, grandparent, other adult (NAME) _____ and CONTACT INFORMATION _____, regarding the child(ren) listed above, and to release the child, as well, to the same extent as the school does to the parent.

SIGNATURE_____
PRINT NAME_____
DATE

Are there changes to child custody orders for which the school should be notified? Yes ____ No ____ (please check)

EMERGENCY CONTACT INFORMATION: (Parents/Guardians will be contacted first. In the event a parent or guardian is not available please provide additional emergency contacts)

1st Contact Name	Relationship to student:	Cell Phone	Work/Home Phone
2nd Contact Name	Relationship to student:	Cell Phone	Work/Home Phone

****Is there any pertinent medical information the school should be aware of? Yes ____ No ____
If yes, please describe here: _____

Does your daughter take medication on a consistent basis? Yes ____ No ____ (If yes, please complete the Dispensing Medication Form on Mercy's website)

I verify the information above is correct. In case of serious illness or accident, I hereby authorize the school authorities to use their best judgement on behalf of my daughter.

SIGNATURE_____
PRINT NAME_____
DATE