

MACS STUDENT INFORMATION SHEET

Contact Information

Name: _____ Date of Birth: _____ Gender _____

Address: _____ City: _____ State: _____ Zip: _____

Phone #: _____ (Home) E-mail Address: _____

Mother's name: _____ Phone: (H) _____ (W) _____ (C) _____

Father's name: _____ Phone: (H) _____ (W) _____ (C) _____

Emergency Contact: _____ Relationship: _____

Phone: (H) _____ (W) _____ (C) _____

Physician: _____ Clinic/Hospital: _____ Office Phone: _____

Medical Insurance Company: _____ Policy #: _____

Current Parish Name/City: _____

Baptismal Date/Church: _____

First Reconciliation Date/Church: _____

First Communion Date/Church: _____

Confirmation Date/Church: _____

Medical History

Please attach a copy of your child's immunization records (if student participates in sports also attach physical form).

Please list any allergies/medical conditions your child may have: _____

Medical Treatment

Medications: My child is taking prescribed medication at present. All medications must be turned into the school office and the medication(s) must be labeled. Medication name and directions for the child to take medications will be on the attached medication form. (non-prescription medication permission is applicable only to ND/MCCHS students).

Initials of Parent Guardian: _____ Date: _____

ND/MCCHS Students Only

No medication of any type, whether prescription or non-prescription, may be administered to my child unless the situation is life-threatening and emergency treatment is required.

OR

ND/MCCHS Students Only

I hereby grant permission for non-prescription medication (such as aspirin products, i.e. acetaminophen or ibuprofen, throat lozenges, cough syrup) to be given to my child if deemed appropriate.

Initials of Parent Guardian: _____ Date: _____

Initials of Parent Guardian: _____ Date: _____

Permission to Use Participant Photos

You have my permission to use said participant's photos for commercial purposes (ex: advertising events/all media).

Initials of Student: _____ Date: _____

Initials of Parent Guardian _____ Date: _____

POLICIES & PROCEDURES AGREEMENT

It is the intent of the faculty to lead students toward being disciplined, productive, informed and fulfilled individuals. To achieve these ideals, mutual respect and understanding must be present in the learning process on the part of all participants – the faculty, staff, students and community.

By signing this form, we (student & parent) are verifying that we have read and understand the Parent and Student Handbook (found on the MACS website under about/policies) and we have reviewed together and understand the disciplinary actions that will be given for various behaviors, including but not limited to tardiness, dress code, cell phone usage, etc.

Student Name (Print): _____

Grade: _____

Student Signature: _____

Date: _____

Parent/Guardian Name (Print): _____

Parent/Guardian Signature: _____

Date: _____

Please read the handbook, sign, date and return this agreement by the first day of school.

Thank You,

MACS Administration

PARENT/GUARDIAN AUTHORIZATION FORM FOR STUDENT PICK-UP (Grades K-8)

In order to protect the safety of our students, it is the policy of McDonell Area Catholic Schools that only parents or guardians on file with the school may pick up their child(ren).

Should the parent or guardian wish to have someone other than themselves pick up the student(s), they must complete the form below.

This information will be maintained in our school database and should a non-parent/guardian come to pick up a student we will verify their authorization prior to having the child leave the building.

Note: For your child's safety, authorized persons may be asked for photo identification. Please inform the person on the list in advance on this precautionary measure. **Persons may be added or removed from the list at any time; please inform the school office staff (in writing) of any changes to this form.**

I, _____, (parent/guardian) do hereby authorize the following individual(s) to pick up my child(ren) from their MACS School.

Name(s) of Alternates:

Name	Relationship	Phone Number

As the parent/guardian, I have explained to the above listed Alternate(s) that they will be required to come into the school and sign my child(ren) out of the building.

Parent/Guardian Signature

Date