



# EMERGENCY MEDICAL AUTHORIZATION

(please fill out one for each student)

**2026-2027 SCHOOL YEAR**



**ST. MICHAEL**  
CATHOLIC SCHOOL

Student Name \_\_\_\_\_ Grade \_\_\_\_\_ Homeroom \_\_\_\_\_

Address \_\_\_\_\_ City: \_\_\_\_\_ Zip \_\_\_\_\_

Home Phone \_\_\_\_\_ Mobile: \_\_\_\_\_

*Purpose: to enable parents and guardians to authorize the provision of emergency treatment for children who become ill or injured while under school authority, when parents or guardians cannot be reached. **THREE (3) contacts MUST be listed.***

## Residential Parent or Guardian:

Mother's First/Last Name \_\_\_\_\_ Day Phone \_\_\_\_\_ Mobile \_\_\_\_\_

Father's First/Last Name \_\_\_\_\_ Day Phone \_\_\_\_\_ Mobile \_\_\_\_\_

Other's First/Last Name \_\_\_\_\_ Day Phone \_\_\_\_\_ Mobile \_\_\_\_\_

Name of Relative or Childcare Provider \_\_\_\_\_ Relationship \_\_\_\_\_

Address \_\_\_\_\_ City: \_\_\_\_\_ Zip \_\_\_\_\_

Home Phone \_\_\_\_\_ Mobile: \_\_\_\_\_

**- PART 1 OR PART 2 MUST BE COMPLETED -**

## PART 1: TO GRANT CONSENT

**I hereby give consent** for the following medical care providers and local hospital to be called:

Physician \_\_\_\_\_ Phone \_\_\_\_\_

Dentist \_\_\_\_\_ Phone \_\_\_\_\_

Medical Specialist \_\_\_\_\_ Phone \_\_\_\_\_

Local Hospital \_\_\_\_\_ Emergency Room Number \_\_\_\_\_

In the event reasonable attempts to contact me have been unsuccessful, I hereby give my consent for (1) the administration of any treatment deemed necessary to above-named doctors, or, in the event the designated preferred practitioner is not available, by another licensed physician or dentist; and (2) the transfer of the child to any hospital reasonably accessible. This authorization does not cover major surgery unless the medical opinions of two other licensed physicians or dentists, concurring in the necessity for such surgery, are obtained prior to the performance of such surgery.

## FACTS CONCERNING THE CHILD'S MEDICAL HISTORY, INCLUDING MEDICATIONS BEING TAKEN AND ANY PHYSICAL IMPAIRMENTS TO WHICH A PHYSICIAN SHOULD BE ALERTED:

\_\_\_\_\_

ALLERGIES: \_\_\_\_\_

Signature of Parent/Guardian \_\_\_\_\_ Date \_\_\_\_\_

Address \_\_\_\_\_ City: \_\_\_\_\_ Zip \_\_\_\_\_

## PART 2: REFUSAL TO CONSENT

**I do NOT give my consent** for emergency medical treatment of my child. In the event of illness or injury requiring emergency treatment, I wish the school authorities to take the following action:

\_\_\_\_\_

Signature of Parent/Guardian \_\_\_\_\_ Date \_\_\_\_\_

Address \_\_\_\_\_ City: \_\_\_\_\_ Zip \_\_\_\_\_

# AUTHORIZED PICK-UP LIST |

## 2026-2027 SCHOOL YEAR



Dear Parents/Guardians,  
For your child's protection, please fill out the names of person(s) authorized to pick up or bring your child to school other than yourself. Notify the office of any changes immediately. Inform person(s) on this list that they must be prepared to identify themselves to our staff. List parent other than the one signing this form if they are authorized to pick-up.

### STUDENT INFORMATION

Child's Last Name \_\_\_\_\_ Child's First Name \_\_\_\_\_

#### My child is in:

Preschool 3's

Pre-Kindergarten

#### The following people are authorized to pickup my child:

Name \_\_\_\_\_ Relationship: \_\_\_\_\_ Phone \_\_\_\_\_

Name \_\_\_\_\_ Relationship: \_\_\_\_\_ Phone \_\_\_\_\_

Name \_\_\_\_\_ Relationship: \_\_\_\_\_ Phone \_\_\_\_\_

Name \_\_\_\_\_ Relationship: \_\_\_\_\_ Phone \_\_\_\_\_

Carpool Arrangements: \_\_\_\_\_

Is there anyone you **DO NOT** wish to have your child released to?: \_\_\_\_\_

Parent/Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_

# EMERGENCY CONTACT FORM

## | 2026-2027 SCHOOL YEAR



**Please list each child and their grade level (Preschool, PreK) for the 2026-2027 school year below:**

Student Name: \_\_\_\_\_ Grade: \_\_\_\_\_

Student Name: \_\_\_\_\_ Grade: \_\_\_\_\_

Student Name: \_\_\_\_\_ Grade: \_\_\_\_\_

### PRIMARY FAMILY INFORMATION

Mother's First/Last Name(s) \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ Zip \_\_\_\_\_

Mother's Phone \_\_\_\_\_

Primary Email Address \_\_\_\_\_

Father's First/Last Name(s) \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ Zip \_\_\_\_\_

Father's Phone \_\_\_\_\_

Primary Email Address \_\_\_\_\_

**Two additional contacts are required to be on file by the State of Ohio:**

Name: \_\_\_\_\_ Relationship to Student: \_\_\_\_\_

Phone (cell): \_\_\_\_\_ Phone (home): \_\_\_\_\_

Name: \_\_\_\_\_ Relationship to Student: \_\_\_\_\_

Phone (cell): \_\_\_\_\_ Phone (home): \_\_\_\_\_

# PRESCHOOL ROSTER AUTHORIZATION

## 2026-2027 SCHOOL YEAR



**Please select one:**

Pre School 3 yr old

Pre-Kindergarten

**FAMILY INFORMATION**

Family Name: \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Father's Name: \_\_\_\_\_

Mother's Name: \_\_\_\_\_

Best number to reach you at: \_\_\_\_\_

**Please check one::**

- ☐ I give permission to list my name, and phone number on the Preschool Roster.
- ☐ I give permission to list my name on the Preschool Roster I do not wish my phone number to be published.

I DO NOT wish to be listed on the Preschool Roster.

I DO NOT wish to be listed in the St. Michael School Directory.

Parent/Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_

# SCHOOL DIRECTORY & ONE CALL NOW

## | 2026-2027 SCHOOL YEAR



Dear Parents / Guardians

The information provided to the school on this form will be used for your listing in the 2026-2027 School Directory. We will also continue using an additional communication phone system in the 2026-2027 school year called One Call Now. This system will call the phone number(s) of your choice when there is an emergency due to calamity days, building problems, or any additional immediate, emergency announcements. **Please return this form on the first day of school to ensure that your family information is up to date, and included in the directory.**

### PRIMARY FAMILY INFORMATION

Family Name \_\_\_\_\_

Mother's First/Last Name(s) \_\_\_\_\_

Father's First/Last Name(s) \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ Zip \_\_\_\_\_

Mother's Phone \_\_\_\_\_

Father's Phone \_\_\_\_\_

Home Phone \_\_\_\_\_

Primary Email Address \_\_\_\_\_

### SHARED PARENTING INFORMATION

Mother/Father Name \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ Zip \_\_\_\_\_

Phone \_\_\_\_\_ Alt. Phone \_\_\_\_\_

Email Address \_\_\_\_\_

**Please list each child and their grade level for the 2026-2027 school year below:**

Student Name: \_\_\_\_\_ Grade: \_\_\_\_\_

Student Name: \_\_\_\_\_ Grade: \_\_\_\_\_

Student Name: \_\_\_\_\_ Grade: \_\_\_\_\_

Student Name: \_\_\_\_\_ Grade: \_\_\_\_\_

Student Name: \_\_\_\_\_ Grade: \_\_\_\_\_

**Please provide any additional name(s) and phone number(s) you would like contacted in case of a One Call Now announcement:**

Name: \_\_\_\_\_ Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Name: \_\_\_\_\_ Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Name: \_\_\_\_\_ Phone: \_\_\_\_\_ Email: \_\_\_\_\_

**Thank you for your cooperation!**

# MEDIA RELEASE & CONSENT FORM

## | 2026-2027 SCHOOL YEAR



I (We) the parent(s) and/or guardian(s) of the minor child identified below hereby grant St. Michael School ("School") and/or its agents consent to record (in writing, remotely or otherwise), photograph, audiotape, or videotape my minor child's name, image, likeness, spoken words, schoolwork or school projects, in any form, regardless of whether my child is on or off school property ("Recordings") and to display, release, exhibit, publish, or distribute the Recordings, or any part thereof, for any lawful School use or purpose including, without limitation, use on the School's bulletin boards, websites, social media sites, print and electronic media, marketing publications, public relations and communications materials and/or presentations, and any other uses as may not be contemplated herein, without further notice or compensation as follows:

- ☐ I consent.
- ☐ I do not consent.

I further understand that by entering into this informed consent and release, and by granting permission as stated herein, I hereby release the School, the affiliated parish(es), the Catholic Diocese of Cleveland, the Bishop of the Catholic Diocese of Cleveland, and their respective officers, directors, agents, employees and/or attorneys from and against any and all liability, loss, damage, costs, claims, and/or causes of action arising out of or related to the above items to which I have consented.

I further understand that the School and its respective officers, directors, agents, employees and/or attorneys have no control over use of photographs, videotapes, audiotapes, or other records made by others and/or outside the scope of this consent and release.

Finally, in signing below I acknowledge that all Recordings created pursuant to this Release shall constitute the sole property of the School.

Name of Minor \_\_\_\_\_ Grade \_\_\_\_\_

Name of Minor \_\_\_\_\_ Grade \_\_\_\_\_

Name of Minor \_\_\_\_\_ Grade \_\_\_\_\_

Name of Minor \_\_\_\_\_ Grade \_\_\_\_\_

Name of Minor \_\_\_\_\_ Grade \_\_\_\_\_

Signature of Parent(s)/Legal Guardian(s) \_\_\_\_\_

Printed Name of Parent/Legal Guardian \_\_\_\_\_

Date \_\_\_\_\_

Residing at \_\_\_\_\_

# FAMILY CUSTODIAL AGREEMENTS

## | 2026-2027 SCHOOL YEAR



**For families with special custodial agreements, all court documents pertaining to custody must be on file in the school office.**

If one parent is restricted from records or contact, we must have a copy of the decree, including the judge's signature and court seal on file in the school office.

Custodial parents should understand that unless the decree specifically states otherwise, the non-residential parent has the right to educational information and records.

We ask that parent-teacher conferences be scheduled together regardless of the custody arrangements.

Please try to keep communication open with the school. If you have any questions, please contact the Main Office. Thank you.

***Completed forms can be emailed to:  
[communications@stmichaelschoolinfo.com](mailto:communications@stmichaelschoolinfo.com)***