





# St. Michael Catholic School

542 Cypress Ave.  
Murrells Inlet, SC 29576  
843.651.6795 (t) 843.651.6803 (f)  
www.saintmichaelsc.com

## **Emergency Medical Information:**

**Emergency Contacts (Other than Parents/Guardians):** Please type or print legibly

1. Contact Full Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Business Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

2. Contact Full Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Business Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

3. Contact Full Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Business Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

## **Medical Contacts:**

Physician: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Dentist: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Hospital: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Insurance: \_\_\_\_\_ Ins. Group: \_\_\_\_\_

Policy Number: \_\_\_\_\_ Permission to Treat: \_\_\_\_\_

Medical Conditions/Allergies (**describe all**): \_\_\_\_\_

## **Ethnic Group:**

(Please check which one applies to the student, this information is for statistical purposes only.)

White  Black  Hispanic  Asian  American Indian  Multi-Racial

**Pick-up Information (People authorized to pick-up your child(ren) from school\*):** Please type or print legibly

1. Full Name: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Relationship: \_\_\_\_\_ Notes: \_\_\_\_\_

2. Full Name: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Relationship: \_\_\_\_\_ Notes: \_\_\_\_\_

3. Full Name: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Relationship: \_\_\_\_\_ Notes: \_\_\_\_\_

*\*Adults on this list will be asked for photo identification prior to the release of your child.*

*\*Please note that it is the responsibility of the parent/guardian to notify SMCS with updated information when applicable.*