2021-2022 St. Malachy School Paperwork Checklist

FAMILY NAME (Please print) _____

FATHER/LEGAL GUARDIAN'S SIGNATURE _____

MOTHER/LEGAL GUARDIAN'S SIGNATURE _____

SCHOOL DIRECTORY INFORMATION

For each child, list preferred name (include last name if different from parents), grade, and teacher.

Child's Name	Grade	Teacher
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Email addresses are used for school purposes only and will be published in school directory unless noted not to publish.

Email Address #1 _____Old/New? Publish? Yes/No

Email Address #2 _____ Old/New? Publish? Yes/No

IF YOUR MAILING ADDRESS OR PHONE HAVE CHANGED SINCE LAST YEAR, PLEASE COMPLETE THE FOLLOWING:

NEW ADDRESS: _____

NEW PRIMARY PHONE NUMBER: _____

Please initial below:

HEALTH AND SAFETY PLAN, STUDENT/PARENT HANDBOOK, AND TECHNOLOGY ACCEPTABLE USE POLICY

____ Each parent of the above listed children hereby acknowledges he/she has read, understands, and agrees to the criteria for participation in Catholic school ministry and its extra-curricular activities as stated in this Student Health and Safety Plan and rules and policies set forth in the Student/Parent Handbook.

MEDIA RELEASE

Please indicate with your initials whether you do or do not grant permission for the release of media for the students listed below:

___ YES I grant permission **OR**

___ NO I do not grant permission

ST. MALACHY CATHOLIC SCHOOL

Emergency Information

(One per family please)

Family Name_____ Car Rider _____

Address: _____ Shamrock Schooltime_____

_____

Student Name_____ DOB _____Homeroom_____

Student Name_____ DOB _____Homeroom_____

Student Name_____ DOB _____Homeroom_____

Student Name_____ DOB _____Homeroom_____

Mother's Name_____

Home phone: _____Work phone: _____
Cell phone: _____ Email_____

Father's Name_____

Home phone: _____Work phone: _____
Cell phone: _____Email:_____

List three neighbors or nearby relatives who will assume temporary care of your child if you cannot be reached.

1. _____phone:_____
2. _____phone:_____
3. _____phone:_____

No student will be released to anyone unless we have this written permission.

*Signature*_____

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ST. MALACHY CATHOLIC SCHOOL

CONFIDENTIAL MEDICAL INFORMATION

This form may be used at school in the event of a medical emergency to provide the appropriate school staff with necessary medical information to ensure the health and safety of your child. If necessary, this form would be given to appropriate medical emergency personnel if your child should be transported to a hospital. Please keep this information current throughout the school year.

Name: _____ **Sex:** _____

Grade: _____ **Birth Date:** _____

Parent/Guardian Phone Numbers: (please fill in categories)

Home: _____

Mom (work): _____ **Mom (cell):** _____

Dad (work): _____ **Dad (cell):** _____

Family Physician: _____ **Phone Number:** _____

Allergies: _____

_____

Please list any medications, treatments, or medical care your child receives on a regular basis that medical personnel may need to know at the time of treatment for illness or injury. Please include name and dosage of medication taken daily at home.

_____

_____

_____

_____

(Continued on back)

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ST. MALACHY CATHOLIC SCHOOL

Does your child have: (please circle yes or no)

Asthma: Yes No

Diabetes: Yes No

Heart Problems: Yes No

Subject to seizures: Yes No

Postural Problems: Yes No

Physical Handicap: Yes No

Emotional Problems: Yes No

Vision Difficulties: Yes No

Wear Glass or Contacts: Yes No—circle which one

Did your child have surgery for the any of the following: (please circle yes or no)

Appendectomy: Yes No

Ear Tubes: Yes No

Hernia: Yes No

Tonsillectomy/Adenoidectomy: Yes No

If you circled YES to any of the above or have any health problems or surgeries not mentioned, please explain.

_____

_____

_____

_____

_____

If necessary, which hospital would you prefer for your child's treatment?

_____

_____

CONSENT TO MEDICAL TREATMENT FOR MINOR CHILD

I understand that in the case of a serious medical emergency, unless the injury/illness appears to be immediately life-threatening, the staff will make reasonable attempts to contact/me us before authorizing medical treatment. If I /we are not available to give consent, I/we hereby authorize the staff of St. Malachy Catholic School to act on my/our behalf, to call 911 emergency services, transport by ambulance, hospitalize, and secure proper treatment for my child as deemed necessary by qualified medical personnel. I/we also understand that the medical treatment will be shared on a medical "need-to-know" basis among staff and medical personnel.

Notice is hereby given to qualified medical personnel that this authorization is currently in effect, and such personnel are directed to act upon this authorization for the 2021-2022 school year.

Parent/Guardian SIGNATURE(S)_____

DATE_____

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St. Malachy School

Parent Volunteer Form

2021-2022

Please fill out the form below and return to school by **Monday 8/23** or emailed to pto@stmalachy.org

Every family is recommended to volunteer for at least TWO opportunities.

Parent Name: _____

Phone Number: _____

Email: _____

I am interested in volunteering for the following:

	Room Parent: for grade _____
	Catholic Schools Week
	Principal Pals
	Book Fair
	Trash Bags: Fall Sale _____
	Monthly Saturday Sale _____
	Grandparents Day
	Mother/Son Event
	Shamabration
	Used Uniform Sale
	Father/Daughter Dance
	PTO Bakers
	Dine to Donate
	Box Tops
	Coca-Cola Caps
	Spiritwear

I WILL BE A CAFETERIA VOLUNTEER IN 2021-2022 SCHOOL YEAR

Requires helping in dining area from 10:15 a.m.-1:00 p.m.

NAME_____PHONE #_____

STUDENT'S NAME_____

Can you volunteer once or twice each month? Moms, dads, grandparents, aunts, and uncles are all welcome to come and make our cafeteria run more smoothly for our children. Please look below and sign up. Your rewards are heavenly!

. If you can help us on any days, we would be very grateful.

*I wish to serve: (Circle one-**unless you want to do more**)*

Team 1M 1st Monday	Team 2M 2nd Monday	Team 3M 3rd Monday	Team 4M 4th Monday	Team 5M 5th Monday
Team 1T 1st Tuesday	Team 2T 2nd Tuesday	Team 3T 3rd Tuesday	Team 4T 4th Tuesday	Team 5T 5th Tuesday
Team 1W 1st Wednesday	Team 2W 2nd Wednesday	Team 3W 3rd Wednesday	Team 4W 4th Wednesday	Team 5W 5th Wednesday
Team 1Th 1st Thursday	Team 2Th 2nd Thursday	Team 3Th 3rd Thursday	Team 4th 4th Thursday	Team 5th 5th Thursday
Team 1F 1st Friday	Team 2F 2nd Friday	Team 3F 3rd Friday	Team 4F 4th Friday	Team 5F 5th Friday

For further information or if you have questions, please email me at jmurphy@stmalachy.org, or call me at 852-2242 ext. 7205.

ST. MALACHY CATHOLIC SCHOOL

PARENT/GUARDIAN RELEASE FOR ADMINISTRATION OF MEDICATION

FAMILY LAST NAME_____

Please complete the following required information for your student/s if you request medication to be administered during school hours.

Name_____**Medication Allergies**_____

Medication Name Strength Dose Time/s To Be Given Date/s To Be Give

_____

_____

_____

Name_____**Medication Allergies**_____

Medication Name Strength Dose Time/s To Be Given Date/s To Be Given

_____

_____

_____

Name_____**Medication Allergies**_____

Medication Name Strength Dose Time/s To Be Given Date/s To Be Give

_____

_____

_____

I hereby give permission for St. Malachy Catholic School Staff to oversee administration of the medication specified above for my child/children.

Parent/Guardian Signature (s):_____**Date:**_____

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