

## SRI Student Data Form 2024-2025 School Year (Complete one form per student please)

Student Name:	DOB:	Date:
Allergies/Learning/Behavior/ Special Needs:		

Emergency Contact Names	Relationship	Contact Number

People Permitted to Pick-up Student	Relationship	Contact Number

<b>Emergency Medical Authorization Form: (PLEASE PRINT)</b>	
Student's Name:	
In the event emergency treatment is needed, I give the hospital, its authorized personnel and/or physician permission to treat my son(s)/daughter(s) as necessary.	
Signed:	Date:
Physician:	Physician Phone #:
Dentist:	Dentist Phone #:
Hospital Preference:	

-OR-

I DO NOT give my consent for emergency medical treatment of my child. In the event of illness or injury requiring medical treatment, I wish the parish authorities to take no action.	
Signed:	Date:

Photography Waiver: I give permission for my child to be in photographs taken during SRI by a staff member. The pictures may be used in various communications or publicity.	
Signed:	Date: