



St. Michael Catholic School  
 1514 Pine Avenue  
 Snohomish, WA 98290  
 360-568-0821

Principal: Suzanne Siekawitch  
 Web-Site: www.smpschoool.org

### Health and Accident Information

Child's Last Name: \_\_\_\_\_

Family Physician: \_\_\_\_\_ Phone: \_\_\_\_\_

Physician's Address: \_\_\_\_\_

Family Dentist: \_\_\_\_\_ Phone: \_\_\_\_\_

Dentist's Address: \_\_\_\_\_

Health Insurance Group and Provider # \_\_\_\_\_

***Emergency Release: In an emergency, I give my permission for treatment of my child(ren) by a qualified physician in the event that I cannot be reached by phone at the phone numbers listed. I also give permission for a certified staff member to administer first aid/CPR if the need arises.***

\_\_\_\_\_  
 Parent Signature Date

In the event of any emergency where the telephone lines are interrupted in our area, please provide a name and a phone number of someone who lives out of state and east so that family information might be relayed to you. Please remember to provide the area code.

Name: \_\_\_\_\_ Phone: \_\_\_\_\_ Relationship: \_\_\_\_\_  
Area Code

All Families: Listing and Permission Information (Please initial all that apply)

\_\_\_\_\_ I understand that there is a uniform requirement.

\_\_\_\_\_ I give consent for the use of photographs of our child(ren), taken at school or on field trips, for St. Michael printed promotional material. Please initial your consent on line.

\_\_\_\_\_ I give consent for the use of photographs of our child(ren), taken at school or on field trips, for the St. Michael website. Such photographs will not identify children by last name. Please initial your consent on the line.

\_\_\_\_\_ I give our consent for the use of our child(ren)'s artwork or written work of a non personal nature on the St. Michael school website or in published materials. Such artwork or written material will not identify children by last name. Please initial your consent on the line.