

**Cretin-Derham Hall
Handbook Agreement Form
Emergency Contact Information**

This form must be completed for **each** student and returned to the student's homeroom teacher by Thursday, **September 2, 2010**. *Please make changes directly on this form.*

- Students may not attend classes if this signed form is not returned to CDH by this date. *

Student Name _____ Grade _____ Birthdate _____

Cell Phone _____ Homeroom Teacher _____

History of Chronic Illness _____ Seizures _____ Diabetes _____ Asthma _____

Other (Please list) _____

Serious Allergies to _____

Medications _____

Preferred Hospital _____

Parent/Guardian Name _____

Address _____

Home Phone _____ Cell Phone _____

Work Phone _____ Email _____

Parent/Guardian Name _____

Address _____

Home Phone _____ Cell Phone _____

Work Phone _____ Email _____

Emergency Contact (please list someone other than a parent or guardian we may contact in case of an emergency)

Name _____ Daytime Phone _____

Work Phone _____ Cell Phone _____ Relationship _____

We have read the student handbook and agree to be governed by the CDH policies in it.

Parent Signature _____

Student Signature _____