



SUPER

IMPORTANT INFORMATION:

Enclosed you will find the St. Cyril School Emergency Form. This form needs to be completed and returned to the school by July 31st. We have included a school-addressed envelope for your convenience. This form will be used by the school health office.

If your child is going to attend the After School program, it is **MANDATORY** to complete the **Arizona Department of Health Services Emergency, Information and Immunization Record Card**. It is available on the school website under "Downloads." Please make sure to complete this form and return it to the After School program personnel.

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*Your child's Emergency Form MUST BE COMPLETED in its
ENTIRETY!
All lines must be filled!*

Please read the instructions below carefully. The Emergency Form is used in case of an emergency during school or during the After School program. **STATE LAW** requires that **ALL LINES** be **FILLED!**

It is imperative to the safety of your child that we have this information.

Forms MUST be returned and checked for completeness by July 31st in **ORDER** for **YOUR CHILD** to **ATTEND** the **FIRST DAY** of **SCHOOL**. Forms will be **returned** to you if **not entirely complete**. Please watch for the items listed below:

SIDE ONE

- **If any line is left blank on this form, it will be returned.** If you have no information to share on a given line, please write **N/A**.
- Using wording such as "see attached" or "same as above" is **NOT** permitted.
- **Names, addresses, and phone numbers** MUST be complete or have **N/A** written in.
- Name and phone number of **health care provider** MUST be complete.
- Names of **TWO** emergency contact people with phone number MUST be complete.
The two contacts can **NOT have the same contact number.*

SIDE TWO

- **Immunization Information** - If your **child is NEW to the school** and has not already turned in an immunization record, an immunization record should be attached and you must check the appropriate box on the form.
- If your child has been attending our school but has had an **UPDATE** to his/her vaccination, please attach documentation.
- **DO NOT attach the immunization record if neither of the two aforementioned areas apply. In addition DO NOT complete the checked box area.**
- **Medical information** lines MUST also be complete. Please share information you would want the health personnel to know. If you have no information to share, please write N/A.

Thank you for your grit in completing your form(s). When complete, **PLEASE mail to the school office** at 4725 E. Pima Street, Tucson, AZ 85712. An envelope is enclosed for your convenience.