

2025 - 2026 School Emergency Form

Family Last Name(s) - Please print clearly _____

This form is to be completed by parent/guardian and returned by the first day of school. Please complete both sides of this form.

Student #1 - Name		Date of Birth	Grade
Does the student have an ICEP, SSP, ISP, 504 Plan, or an IEP in place: YES NO		Does this child wear glasses or contacts? YES NO	
Does this child have seizures? YES NO	Asthma? YES NO	Diabetes? YES NO	Migraine headaches? YES NO

Student #2 - Name		Date of Birth	Grade
Does the student have an ICEP, SSP, ISP, 504 Plan, or an IEP in place: YES NO		Does this child wear glasses or contacts? YES NO	
Does this child have seizures? YES NO	Asthma? YES NO	Diabetes? YES NO	Migraine headaches? YES NO

Student #3 - Name		Date of Birth	Grade
Does the student have an ICEP, SSP, ISP, 504 Plan, or an IEP in place: YES NO		Does this child wear glasses or contacts? YES NO	
Does this child have seizures? YES NO	Asthma? YES NO	Diabetes? YES NO	Migraine headaches? YES NO

Student #4 - Name		Date of Birth	Grade
Does the student have an ICEP, SSP, ISP, 504 Plan, or an IEP in place: YES NO		Does this child wear glasses or contacts? YES NO	
Does this child have seizures? YES NO	Asthma? YES NO	Diabetes? YES NO	Migraine headaches? YES NO

Primary Contact Information - Please print clearly

Provide the email and phone number for the parent/guardian who should be considered the primary contact for your child(ren.)

Primary Contact Name: _____

Parent/Guardian #1	Parent/Guardian #2
Name:	Name:
Email:	Email:
Primary Phone:	Primary Phone:
Secondary Phone:	Secondary Phone:
Mailing Street:	Mailing Street:
Mailing City, State, Zip:	Mailing City, State, Zip:

Parent/Guardian #1 Employment	Parent/Guardian #2 Employment
Name:	Name:
Primary Phone:	Primary Phone:
Mailing City, State, Zip:	Mailing City, State, Zip:

Emergency Contacts if Parents/Guardian cannot be reached:

Emergency Contact #1	Emergency Contact #2
Name:	Name:
Relationship to Student:	Relationship to Student:
Primary Phone:	Primary Phone:
Mailing City, State, Zip:	Mailing City, State, Zip:

Doctor Information

Family Doctor:	Primary Phone:
Mailing Street:	Mailing City, State, Zip:

The recommendation of the parent/guardian listed above will be respected as far as possible. I understand that the final decision in the case of an emergency will be made by school authorities, using their best judgment to ensure the welfare of my child.

In the event of a medical emergency, I give permission for Bridgeport Catholic Academy to call 911 and authorize transportation of my child to the nearest appropriate hospital. Parents/guardians will be contacted immediately in such situations.

If your child's doctor cannot be reached, do you give permission for the hospital physician to provide any necessary emergency treatment?

Yes No

Parent/Guardian Signature: _____ Date: _____

Ethnicity / Race Information

Ethnicity:

_____ Hispanic or Latino — A person of Cuban, Mexican, Puerto Rican, South or Central American, or other Spanish culture or origin, regardless of race.

Race:

_____ White — A person with origins in Europe, the Middle East, or North Africa who does not identify with any other racial group.

_____ Black or African American — A person having origins in any of the Black racial groups of the U.S., Africa, or other parts of the world.

_____ Asian — A person having origins in the Far East, Southeast Asia, or the Indian subcontinent (e.g., Cambodia, China, India, Japan, Korea, Malaysia, Pakistan, Thailand, Vietnam).

_____ American Indian or Alaska Native — A person having origins in any of the original peoples of North, Central, or South America who maintains tribal affiliation or community attachment.

_____ Native Hawaiian or Other Pacific Islander — A person having origins in Hawaii, Guam, Samoa, or other Pacific Islands.

Is any other language aside from English, spoken in the home? _____ Yes _____ No

If so, please list: _____

Photo Video Release - 2025 / 2026

On occasion, Bridgeport Catholic Academy (BCA) uses photographs and/or samples of student academic work in school and parish publications to share information about our school community. These publications include, but are not limited to: the school website, social media platforms, yearbooks, student projects, advertisements, annual reports, posters, newspapers, parish bulletins, and other public relations materials.

In addition, local organizations may take an interest in our activities and events. When appropriate, our school may invite or permit them to photograph or record these events.

Throughout the school year, students may be photographed or videotaped for purposes such as school photography, publicity, and social media. These images and videos may appear on our social media accounts, the school website, or be displayed within the school. Videos may also be used in classrooms or shown at school-sponsored events.

Please note that none of the photographs, videos, or academic work are used for commercial purposes.

I have read and understand the above information regarding the use of my child's photo, video, and academic work. I give Bridgeport Catholic Academy consent to photograph / video my child(ren).

_____ Yes _____ No Parent/Guardian Signature: _____

Religion

Religion::	Current Parish:
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Class List Information Release Notice

At times during the school year, organizations such as the Home and School Association (HSA), local high schools, and school families may request class lists that include student names and parent email addresses.

If permitted, the school office may share this information for school-related purposes only. This information will **not** be shared for commercial use or with outside organizations unrelated to Bridgeport Catholic Academy.

Please indicate below whether you give permission for your information to be included in these class lists.

_____ Yes _____ No Parent/Guardian Signature: _____