

**ALL SAINTS EXTENDED CARE
EMERGENCY INFORMATION UPDATE 2006-2007 need one per child**

Child's name: _____ Age _____ Grade _____ Birthday _____
Address: _____ City _____ State _____ Zip _____

Home phone: _____ Mother's day phone _____ Cell # _____
Father's day phone _____ Cell # _____

Emergency person: _____ Day phone _____
Relationship _____

Physician _____ Phone _____
Dentist _____ Phone _____

People permitted to pick up your child from Extended Care:

Name: _____ phone: _____ relationship _____

Name: _____ phone _____ relationship _____

Name: _____ phone _____ relationship _____

Special concerns: _____

Date last seen by a Dr/and last physical exam: _____

Medical concerns: _____

Allergies: _____

Recent Immunizations: on file _____

I authorize the staff of All Saints Extended Care to procure surgical, medical, hospital or dental care for my child in the event of injury or illness if I cannot be contacted to make arrangements for such treatment. It is understood by me that the expense of this service will be accepted by me.

Parent signature

Insurance carrier _____ SS# _____

I authorize transportation for my child in case of an emergency.

Parent signature

I authorize _____ to assume responsibility for my child in the event of a school disaster when I cannot be there.

Parent Signature

Date