

CHILD CARE EMERGENCY FORM

Name (Last, First)

Date of Birth

Allergies

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Address

Parent Contact Information

Dad Cell _____ Mom Cell _____

Work _____ Work _____

Home _____ Home _____

Email _____ Email _____

*Please indicate above by numbering 1-3, which is the best phone number to reach each parent during the day with 1 being the best number.

If our child becomes ill or injured, and we cannot be reached, please call the following people in order of preference relative to our child's care. They are authorized to represent us in making decisions relative to our child's care.

Name of Person

Relationship to Student

Phone Number (day)

1) _____

2) _____

3) _____

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In case of accident/injury/emergency, school district procedure will be to contact the parent or guardian immediately. If that contact cannot be made, school district personnel will call the physician authorized by the parent or 911, the number for police and medical assistance.

In the case of a severe accident/injury/illness and I cannot be reached, I hereby authorize Dr. _____ to give necessary treatment. His/her phone number is _____.

Child Care Release Authorization

The following people are authorized to pick up my child/children up from the Child Care Program.

Name of Person

Relationship to Student

1) _____

2) _____

3) _____

I understand that I must send a written note if a person other than those listed above will be picking up my child/children up from Good Shepherd Child Care Program.

Parent or Guardian's Signature

Today's Date