

SACRED HEART SCHOOL EXTENDED DAYCARE PROGRAM

EMERGENCY INFORMATION SHEET

Name _____ Birthdate _____ Grade _____

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Address _____ Home Telephone _____

Number Street City Zip

Days Attending: [] Monday [] Tuesday [] Wednesday [] Thursday [] Friday

Drop-off Time: (a.m.) _____ Pick-up Time: (p.m.) _____

[] My child(ren) will not attend every day, but will need to attend on a drop-in basis

Person(s) who may pick up child(ren): _____

Person(s) who may not pick up child(ren): _____

In Case Of Emergency, Accident Or Illness, The School/Daycare Is Authorized To Proceed As Indicated Below:

Mother _____

Name Daytime Address Phone

Cell Phone

Father _____

Name Daytime Address Phone

Cell Phone

Relative, Friend, Neighbor

(Be sure this person can provide transportation)

Name (Relationship) Phone

Physician _____

Name Address Phone

If it is necessary to call an ambulance, I authorize the Director (or assistant) to call for appropriate medical assistance []Yes []No

Insurance Carrier (Company Name) _____

Policy Holder _____ Policy Number _____

Please list any medical problems (including allergies) or concerns _____

I have read the Daycare Handbook and fully understand my obligations for the Extended Daycare Program. I agree to comply with policies as stated.

Parent/Guardian Signature Date