



Annunciation Extended Care

Emergency Information

Child's Name: _____ Date of Birth: _____ Age: _____

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Child's Name: _____ Date of Birth: _____ Age: _____

Child(ren)'s Home Address: _____

Mother's Name: _____ Home Phone: _____

Mother's Employer: _____ Work Phone: _____

Mother's Email Address: _____ Cell Phone: _____

Father's Name: _____ Home Phone: _____

Father's Employer: _____ Work Phone: _____

Father's Email Address: _____ Cell Phone: _____

Child's Pediatrician: _____ Phone Number: _____

Is your child/children allergic to any food or medications? _____

Does your child/children have any health restrictions? _____

NAME OF PERSONS (OTHER THAN PARENTS) TO CONTACT IN CASE OF EMERGENCY:

Name: _____ Name: _____

Address: _____ Address: _____

Home Phone: _____ Home Phone: _____

Work Phone: _____ Work Phone: _____

In the event that my child/children becomes injured or ill and the parents cannot be reached, I give my permission to the Extended Care staff to seek any medical care/or treatment that may be needed. All of the medical expenses are to be taken care of by the child's parents and/or their insurance, therefore releasing Annunciation Extended Care and their employees from any and all medical expenses.

Parents Signature: _____ Date: _____

Insurance Company: _____ Policy Name: _____ Policy #: _____

NAME OF PERSONS AUTHORIZED TO PICK UP MY CHILD/CHILDREN FROM THE AFTER SCHOOL PROGRAM.

Children will only be released to persons over the age of 18 years of age, unless otherwise specified by a written note. Children WILL NOT be released to persons that are not listed below. Children are not allowed to leave the program on their own once they have been checked into the program.

1. Name: _____ Phone Number: _____

2. Name: _____ Phone Number: _____

3. Name: _____ Phone Number: _____

4. Name: _____ Phone Number: _____

5. Name: _____ Phone Number: _____