



**Annunciation Extended Care**

Facility #394500245

440 West Rose Street, Stockton 95203 **PHONE:** 209-465-2961

AnnunciationStockton.org **EMAIL:** preschool@annunciationstockton.org

## Emergency Information

EVERY family is required to have an Emergency Information form on file with Annunciation Extended Care. Please fill out the following information, including the contact in case of an emergency section, and those that are authorized to pick up your child from Annunciation Extended Care.

CHILD'S NAME	DATE OF BIRTH	GRADE

**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: \_\_\_\_\_

Please list any food allergies and prescribed medications: \_\_\_\_\_

\_\_\_\_\_

Please list any health restrictions: \_\_\_\_\_

\_\_\_\_\_

**ADDITIONAL PERSONS WHO MAY BE CONTACTED IN CASE OF EMERGENCY:**

NAME	ADDRESS	TELEPHONE	RELATIONSHIP

**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 #:** \_\_\_\_\_



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**NAME OF PERSONS AUTHORIZED TO PICK UP MY CHILD/CHILDREN FROM THE ANNUNCIATION EXTENDED CARE.** 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 unless a parent has notified the Extended Care staff in writing; email is an approved form of communication. Children are not allowed to leave the program on their own once they have been checked into the program.

NAME OF AUTHORIZED PERSON	PHONE NUMBER

Parent's Signature: \_\_\_\_\_

Date: \_\_\_\_\_