

SJS EXTENDED DAY CARE PROGRAM

Emergency Form

Family Name _____ Home Phone _____

Address _____ Work Phone _____

City _____ Zip _____ Cell Phone _____

Children's First Name and Grade

In case of an emergency illness or accident to any of the above students, the Day Care Staff is authorized to proceed as indicated below:

Call Mother _____
Name Address Phone

Call Father _____
Name Address Phone

Call Physician _____
Name Address Phone

Call Relative
Friend, Neighbor _____
Name Address Phone

Please list below **ANY** medical problems or concerns to which the Day Care Staff should be alerted.

General Pick Up Time: _____

Person(s) **AUTHORIZED** to pick up the above-mentioned child(ren):

Name	Address	Phone
_____	_____	_____
_____	_____	_____
_____	_____	_____