Sacred Heart of Jesus School
26-27 Extended Care Emergency Form

One per household

FAMILY LAST NAME: _____

ADDRESS: _____

Street City, State Zip

Student(s):

1. Name: _____ Age _____ Gender _____ Grade _____
2. Name: _____ Age _____ Gender _____ Grade _____
3. Name: _____ Age _____ Gender _____ Grade _____
4. Name: _____ Age _____ Gender _____ Grade _____

Guardian Information

Mom/Guardian Name: _____ Cell Phone: _____
Employer: _____ Work Phone: _____ ext _____

Dad/Guardian Name: _____ Cell Phone: _____
Employer: _____ Work Phone: _____ ext _____

Emergency Medication

If your child has any allergies and is required to have an inhaler, epi-pen or the like please make sure to indicate what nurse Geri has in her office. All proper paperwork must be completed with the nurse. **Circle all that apply: Inhaler epi-pen**

NO MEDICATION IS GIVEN IN EXTENDED CARE UNLESS IT IS AN EMERGENCY SITUATION.

List individuals, other than parents, who are authorized to pick up your child/children from school. Initials MUST be signed by the person that is listed below. Please print.

1. _____
   Name Cell Phone Initials
2. _____
   Name Cell Phone Initials
3. _____
   Name Cell Phone Initials
4. _____
   Name Cell Phone Initials

Please add any notes pertinent for our Extended Care workers: _____

_____

_____

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