

ST. DAMIAN EXTENDED DAY EMERGENCY CARD
EMERGENCY ADDRESS FORM AND SIGNATURE CARD

CHILD'S LAST NAME FIRST BIRTH DATE

HOME ADDRESS CITY ZIP CODE

HOME PHONE: _____

MOM CELL: _____ DAD CELL: _____

THE FOLLOWING NUMBERS MAY BE USED IN CASE OF EMERGENCY:

MOTHER'S NAME/ BUSINESS NAME/ADDRESS & TELEPHONE NUMBER

FATHER'S NAME/ BUSINESS NAME/ADDRESS & TELEPHONE NUMBER

Illness, accident or leaving school premises: In the event of apparently serious illness or accident, when I can't be reached, I wish one of the following to be notified by telephone. They are authorized to act in my absence, and they have signed their names on this card. They may also release my child(ren) from Extended Day. Any additional names please supply on a separate piece of paper.

NAME	ADDRESS	BUS. & CELL #'S
-------------	----------------	----------------------------

NAME	ADDRESS	BUS. & CELL #'S
-------------	----------------	----------------------------

DOCTOR'S NAME AND TELEPHONE. IF ONE OF THE ABOVE CAN'T BE REACHED, I WISH MY CHILD TO BE TAKEN TO THE LOCAL HOSPITAL: _____ YES _____ NO

PHYSICIAN OF CHOICE: _____

NAME

NUMBER

PLEASE TURN OVER AND FILL OUT THE BACKSIDE OF THIS FORM

FOOD ALLERGIES

If your child has any type of food allergies that could affect his/her health while attending the Extended Day Program please indicate below the types of allergies:

MEDICATION

If your child is on any type of medication that could affect his/her health while attending the Extended Day Program please indicate below what the medication is and for what reasons it could affect the child during the program:

MEDICAL ATTENTION

If your child could need medical attention rendered to them for a specific medical condition while attending the Extended Day Program please indicate below what the medical condition is and what medical attention would be necessary:

PLEASE CHECK IF NONE OF THE ABOVE APPLIES: _____

Parents must have accurate contact information on file at all times including emergency contacts. In the event of a medical emergency, we will contact the Oak Forest Fire Department. All expenses incurred will be billed to the parents of the child. We cannot decide what is or is not an emergency. We will not allow a child to stay with us if we feel they are experiencing any medical issues. This is the sole discretion of the staff attendant. If we call you regarding a medical concern, a parent must come or have someone designated to come and pick up their child immediately. Please have arrangements figured out ahead of time. Before acceptance into the Extended Day Program, all health/medical needs will be discussed with the Principal, School Nurse and Extended Day Director to make sure that we will be able to accommodate your child(ren)'s needs.

All information will be kept private and confidential.

PARENT/GUARDIAN SIGNATURE: _____ DATE: _____