

St. Paul's Summer Day Program Emergency Information and Release Form

Family Name _____ Home Phone _____

Address _____ Zip _____

1. Child's Name _____ DOB _____

2. Child's Name _____ DOB _____

3. Child's Name _____ DOB _____

4. Child's Name _____ DOB _____

Mother's Name _____ Phone _____

Employer _____ Work Phone _____

Cell Phone _____ Other Emergency Phone _____

Father's Name _____ Phone _____

Employer _____ Work Phone _____

Cell Phone _____ Other Emergency Phone _____

Name of other person to contact in case of emergency:

Name _____ Phone _____ Relationship _____

Pertinent health information or allergies _____

Family Physician _____ Phone _____

Insurance Carrier _____ Group # _____

Medical Authorization

I give my permission for school authorities to take my child to the doctor or hospital and authorize any necessary medical attention needed in case I can not be reached.

Parent/Guardian Signature _____ **Date** _____