

**ST. CATHERINE EXTENDED CARE  
EMERGENCY CONTACT INFORMATION**

**STUDENT NAME(S)** \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**PARENTAL INFORMATION:**

Father's Name \_\_\_\_\_

Home Phone \_\_\_\_\_ Work Phone \_\_\_\_\_

Beeper # \_\_\_\_\_ Cell Phone \_\_\_\_\_

Mother's Name \_\_\_\_\_

Home Phone \_\_\_\_\_ Work Phone \_\_\_\_\_

Beeper # \_\_\_\_\_ Cell Phone \_\_\_\_\_

Is there a separation or divorce custody concern that the Extended Care Staff should be aware of?  
Yes \_\_\_\_\_ No \_\_\_\_\_ (If yes, please explain) \_\_\_\_\_  
\_\_\_\_\_

**EMERGENCY INFORMATION:**

Are there any special considerations the Extended Care Staff should be aware of concerning your child?  
This includes allergies, physical limitations, etc. Yes \_\_\_\_\_ No \_\_\_\_\_ (if yes, please explain)  
\_\_\_\_\_  
\_\_\_\_\_

In the event of apparent serious illness, accident or emergency, when I cannot be reached, I wish one of the following persons to be notified by telephone. They are authorized to act in my absence, and will be informed that their names have been listed on this form. (Do not list mother or father in spaces below. The emergency contact must be someone nearby who can be reached quickly.)

\_\_\_\_\_  
Name Phone Relationship to child

\_\_\_\_\_  
Name Phone Relationship to child

In case of minor injury, I authorize that first aid be administered. In case of an accident, please contact our family doctor or dentist listed below:

Family Doctor Name \_\_\_\_\_ Phone # \_\_\_\_\_

Family Dentist Name \_\_\_\_\_ Phone # \_\_\_\_\_

**RELEASE INFORMATION:**

Your child will be released to either parent or guardian, or to the people listed within these pages. Please list below any other people you authorize to take your child from the Extended Care Center. (This includes carpool drivers, neighbors, siblings, coaches, teachers and friends.)

Name \_\_\_\_\_ Phone # \_\_\_\_\_

Name \_\_\_\_\_ Phone # \_\_\_\_\_

Name \_\_\_\_\_ Phone # \_\_\_\_\_

Name \_\_\_\_\_ Phone # \_\_\_\_\_

Name \_\_\_\_\_ Phone # \_\_\_\_\_

Name \_\_\_\_\_ Phone # \_\_\_\_\_

**Please check to see that all information has been provided. Please keep the Extended Care Administration aware of any changes that may occur during the school year. I have read the Extended Care policies and rules and have discussed them with my child(ren).**

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**Parent/Guardian Signature** **Date**

Comments \_\_\_\_\_

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