

ST. PATRICK ECC/EDP EMERGENCY FORM

PLEASE PRINT LEGIBLY

Child's Name: _____ Date of Birth: _____

Address: _____
Street City State Zip

Phone Number: _____ Parish Members: yes no

Mother's Name: _____

Address (if different from child's) _____

Home Phone: _____ Work Phone: _____

Cell Phone: _____ e-mail address: _____

Employer: _____

Hours of Employment: From _____ To _____

Father's Name: _____

Address (if different from child's) _____

Home Phone: _____ Work Phone: _____

Cell Phone: _____ e-mail address: _____

Employer: _____

Hours of Employment: From: _____ To: _____

EMERGENCY CONTACTS OTHER THAN PARENT OR DOCTOR

1. Name: _____ Relationship to child: _____

Phone #: _____ Cell Phone #: _____

2. Name: _____ Relationship to child: _____

Phone: _____ Cell Phone: _____

3. Name: _____ Relationship to child: _____

Phone: _____ Cell Phone: _____

PERSON(S) AUTHORIZED TO PICK UP (other than Parent or
Emergency Contacts)

Name: _____ Name: _____

Name: _____ Name: _____

Name: _____ Name: _____

AUTHORIZATION FOR EMERGENCY MEDICAL CARE

I understand that I will be notified at once in the case of an accident or illness to my child and I will make arrangements for medical care for my child with the physician or hospital of my choice.

If I cannot be reached to make necessary arrangements or in a critical emergency requiring medical care, I hereby authorize:

Center/School Name

to contact : _____
(doctor/clinic)

(address)

City

State

Zip

(phone number)

For emergency medical treatment of my child, my preferred hospital is:

Hospital name

Address

Phone Number

CHILD'S HEALTH HISTORY AND CURRENT HEALTH PROBLEMS

LIST ANY ALLERGIES, SPECIAL MEDICAL CONDITIONS, INCLUDING CHRONIC HEALTH PROBLEMS, SPECIAL MEDICATIONS AND/OR RESTRICTIONS: _____

THIS CERTIFIES THAT MY CHILD IS, TO MY KNOWLEDGE, IN GOOD HEALTH AND FREE OF DISABILITIES THAT WOULD ENDANGER HIM/HER OR OTHER CHILDREN IN THE CENTER.

Parent/Guardian Signature: _____

Date: _____

AGREEMENTS:

- (A) The Center and I have agreed on a plan for continuing communication regarding my child's development, behavior, etc.
- (B) When my child is ill, it is understood and agreed that he/she may not be accepted for care.
- (C) Payments are to be received by the Center at the time they are due. It is my understanding that my child may be removed from the Center if payment is not received.
- (D) I give permission for my child to be photographed for parish/school publications such as the school yearbook, parish bulletin and school website and other digital media.

(E) I give permission to St. Patrick's ECC/EDP to apply sunscreen to my child as needed.

Parent/Guardian Signature: _____ Date: _____