



**ST DIDACUS PARISH SCHOOL FAMILY EMERGENCY  
AND DAYCARE FORM 2018 – 2019**

FAMILY NAME \_\_\_\_\_

PARISH \_\_\_\_\_

**FAMILY INFORMATION**

**Last Name:**

**Child/ren Name:**

1. Grade:

2. Grade:

3. Grade:

4. Grade:

**Child/ren lives with:**

**Parent 1 Name:**

**Email:**

**Home Address:** City: State: Zip:

**Home Phone:** Work: Cell:

**Employer:**

**Address:**

**Occupation:**

**Parent 2 Name:**

**Email:**

**Home Address:** City: State: Zip:

**Home Phone:** Work: Cell:

**Employer:**

**Address:**

**Occupation:**

**STUDENT INFORMATION**

Afterschool my child/ren usually 1. ( ) Walks Home 2. ( ) Parent Pick up 3. ( ) Extended Day Care  
(Please see other side of this form to fill out information of people who are authorized to pickup my child/ren from  
Extended Day Care).

**Student Birth Date:**

**Health Insurance Info:** **Hospital Preference:**

**Allergies ( ) Yes ( ) No Specify:**

**Other health issues: (Explain)**

**Emergency Care Information (If unable to reach parent, the following people are authorized to pick up my child/ren if sick during the day.**

Name	Relationship	Phone	Cell
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**PHYSICIAN OR DENTIST TO BE CALLED IN CASE OF AN EMERGENCY**

<b>Doctor Name:</b>	<b>Phone:</b>		
<b>Address:</b>	<b>City:</b>	<b>Zip:</b>	
<b>Dentist Name:</b>	<b>Phone:</b>		
<b>Address:</b>	<b>City:</b>	<b>Zip:</b>	

**If physician or dentist cannot be reached, what action should be taken?**  
( ) Call 911 ( ) Other (Explain)

**PARENT/GUARDIAN CONSENT**

I understand that the school does not assume responsibility for payment of a physician. However, in an emergency school may choose a physician.

Parent or Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**EXTENDED DAY CARE EMERGENCY INFORMATION**

Names of persons authorized to take child from the facility (Child will not be allowed to leave with any other person without authorization from parent or guardian.

<b>NAME:</b>	<b>RELATIONSHIP:</b>
<b>HOME PHONE:</b>	<b>CELL PHONE:</b>
<b>WORK PHONE:</b>	<b>EXTENSION:</b>

<b>NAME:</b>	<b>RELATIONSHIP:</b>
<b>HOME PHONE:</b>	<b>CELL PHONE:</b>
<b>WORK PHONE:</b>	<b>EXTENSION:</b>

<b>NAME:</b>	<b>RELATIONSHIP:</b>
<b>HOME PHONE:</b>	<b>CELL PHONE:</b>
<b>WORK PHONE:</b>	<b>EXTENSION;</b>

Parent or Guardian Signature:

Date:

**EARTHQUAKE INFORMATION**

List people above who can pick up child in the event of an earthquake or other major disaster.

- 1.
- 2.
- 3.