



**ST DIDACUS PARISH SCHOOL FAMILY EMERGENCY
AND DAYCARE FORM 2021-2022**

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:	Cell:
PHYSICIAN OR DENTIST TO BE CALLED IN CASE OF AN EMERGENCY		
Doctor Name:	Phone:	
Address:	City:	Zip:
Dentist Name:	Phone:	
Address:	City:	Zip:
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/Guardian Signature: _____ Date: _____

EXTENDED DAY CARE EMERGENCY INFORMATION
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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.)	
NAME:	RELATIONSHIP:
HOME PHONE:	CELL PHONE:
WORK PHONE:	EXTENSION:
NAME:	RELATIONSHIP:
HOME PHONE:	CELL PHONE:
WORK PHONE:	EXTENSION:
NAME:	RELATIONSHIP:
HOME PHONE:	CELL PHONE:
WORK PHONE:	EXTENSION:
Parent/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.