

Saint Pius X Catholic School CARES Program

2016-2017 School Year

EMERGENCY ADDRESS AND SIGNATURE FORM

(Please complete one sheet for each child.)

Child's Name: _____ **Birth Date:** _____

Address: _____

Home Phone: _____ **Cell Phone:** _____

In the event of an apparent serious illness or accident involving your child and I cannot be reached, I wish one of the following contacts to be notified by telephone. They are authorized to act in my absence and **THEY HAVE SIGNED** their names on this paper. They may also release my child from the CARES center.

Name: _____

Relationship to child: _____

Phone Number(s): _____

Doctor's Name: _____

Phone Number(s): _____

If one of the above cannot be reached, I wish my child to be taken to the HOSPITAL EMERGENCY ROOM.

_____ Yes _____ No

Does your child have any allergies or specific medical problems?

_____ Yes _____ No

If yes, please provide an explanation.

Parent / Guardian Signature: _____

Signature of authorized person noted above: _____