



ST DIDACUS PARISH SCHOOL FAMILY EMERGENCY
AND DAYCARE FORM 2017 – 2018

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 |
|------|--------------|-------|------|
|------|--------------|-------|------|

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 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.

| | |
|-------------|---------------|
| 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 or Guardian Signature: _____

Date: _____

EARTHQUAKE INFORMATION

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