

Nativity Catholic School Extended Care Program

Emergency Care Information Form 2024-25

ONE FORM PER STUDENT

Name of Student: _____ Nick Name: _____

Date of Birth: ____/____/____

Complete Address: _____

Home Phone: _____ Cell Phone: _____

Father's Name: _____

Home Address: (If different from above): _____

Home Phone: _____ Cell Phone: _____

Name of Employer: _____ Phone: _____

Address of Employment: _____

Email: _____

Mother's Name: _____

Home Address (If different from above): _____

Home Phone: _____ Cell Phone: _____

Name of Employer: _____

Address of Employment: _____

Name of Person with Custody: _____

Phone Number: _____

Email: _____

Medical History

Doctor's Name: _____ Phone: _____

Child's Allergies: _____

Type of Reaction: _____

Action Taken for Reaction: _____

Medication the child is taking: _____

Date of last tetanus shot: _____

Persons not authorized to pick up child from school: _____

I agree to notify the school within 24 hours if my child or any number of my immediate household has developed a communicable disease. I agree to notify the school immediately if the disease is life threatening. I agree to pick up my sick or injured child in a timely manner when contacted. If can't be reached, my emergency contacts can be called to pick up my child. Additionally, if I cannot be contacted in an emergency, the school has my permission to take my child to the emergency room of the nearest hospital and I hereby authorize its medical staff to provide treatment, which a physician deems necessary for the well-being of my child.

Signature of Parent/Guardian _____ **Date:** _____

Emergency Contacts (Must be filled out in full)

Provide name, address, phone number of 3 persons who could pick up your student in a timely manner. (No more than 20 min. away)

Name: _____ Relationship: _____

Address: _____

Phone: _____ Cell Phone: _____

Name: _____ Relationship: _____

Address: _____

Phone: _____ Cell Phone: _____

Name: _____ Relationship: _____

Address: _____

Phone: _____ Cell Phone: _____

Insurance Company: _____

Policy Number: _____

Signature of Parent/Guardian: _____

Date: _____

Previous Child Care Programs and Schools Attended: _____

Nativity Catholic School Extended Care has permission to take photos of my student,
_____ for school use only.

To be completed by office only:

Date Entered			
Date Left			
Birth Cert. File #		Date Cert Issued	/ /
Place Issued			
Place of Birth			

Received By:	Date:
Printed Name:	Signature: