

ST. HILARY OF POITIERS CARES EMERGENCY FORM AND SIGNATURE CARD

Please print the following information

Child's last name _____ **First name** _____

Complete address _____

Home Phone _____ **Cell Phone** _____

PARENTS' BUSINESS ADDRESSES AND PHONE NUMBERS

Mother's Name _____

Business Address _____

Business Phone Number _____

Father's Name _____

Business Address _____

Business Phone Number _____

EMERGENCY CONTACTS: In the event that I cannot be reached, I wish one of the following to be notified by telephone. They are authorized to act in my absence, and may also release my child from the CARES program, if necessary. (Please have your license with you) (Include as many as you like/use back if needed)

Name _____ **Relationship** _____

Address _____

Phone Numbers: Home _____ **Cell** _____

Name _____ **Relationship** _____

Address _____

Phone Numbers: Home _____ **Cell** _____

SPECIAL INSTRUCTIONS – ALLERGIES, ETC.

Pediatrician's Name _____ **Phone Number** _____

In case of serious medical concerns, if I or our emergency contacts cannot be reached, I wish my child to be taken to the Emergency Room of the nearest hospital. **YES_____ **NO** _____

PARENT'S SIGNATURE _____ **DATE:** _____