ST MARY NATIVITY SCHOOL
AFTER CARE EMERGENCY FORM

STUDENT(S) NAME GRADE

_____ _____

_____ _____

_____ _____

_____ _____

HOME ADDRESS _____

MOTHER'S NAME _____

FATHER'S NAME _____

EMERGENCY NUMBER TO CALL

NAME _____ RELATIONSHIP _____

NUMBER _____ (H,CELL,WK) _____ (H,CELL,WK)

IF ABOVE PERSON CAN NOT BE REACHED:

NAME _____ RELATIONSHIP _____

NUMBER _____(H,CELL,WK) _____(H,CELL,WK)

ALLERGIES: _____

I GIVE PERMISSION FOR MY CHILD TO RECEIVE TREATMENT IN AN EMERGENCY WHEN I CANNOT BE CONTACTED.

_____ _____

PARENT OR GUARDIAN SIGNATURE **DATE**