



**SACRED HEART GRADE SCHOOL
AFTERSCHOOL CARE Emergency Information
2025-2026**

**Please complete all sections of the form, sign form, and return to school office. This is a licensing requirement.
STUDENT INFORMATION (Please print clearly)**

NAME: _____ DOB: _____ Grade: _____

PARENT INFORMATION (Please print clearly)

Parent/Guardian's Name A

Parent/Guardian's Name B

In case of an emergency, list the best phone number(s) at which you can be reached (**circle cell/work/home**)

A _____ (C/W/H)

B _____ (C/W/H)

A _____ (C/W/H)

B _____ (C/W/H)

A _____ (C/W/H)

B _____ (C/W/H)

List any medical or food allergies: _____

Who to contact if Parent/Guardian cannot be contacted in an emergency:

Name: _____ Relationship _____

Cell Phone: _____ Home Phone _____ Work _____

Address: _____ City _____ State _____ Zip _____

Family Doctor: _____ **Phone Number:** _____

Address: _____ City _____ State _____ Zip _____

Family Dentist: _____ **Phone Number:** _____

Address: _____ City _____ State _____ Zip _____

Preferred hospital in case of emergency _____

Health Insurance Provider: _____ Policy #: _____

Group # _____ Primary Card Holder _____

In case of emergency, I grant staff the authority to act on my behalf and grant permission for my child to receive emergency medical treatment.

_____ Parent/Guardian signature granting permission

_____ Parent/Guardian signature denying permission

In case of emergency evacuation, I grant staff permission to transport my child in a private or public vehicle according to the direction of agency or public officials to a place of safety.

_____ Parent/Guardian signature granting permission

_____ Parent/Guardian signature denying permission