



**SACRED HEART GRADE SCHOOL  
AFTERSCHOOL CARE Emergency Information  
2021-2022 SCHOOL YEAR**

**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