

St. Joseph Catholic ELC Emergency Contact Information	Staff Use Only Photos Allowed (Y/N) Allergies (Y/N)
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Child Name \_\_\_\_\_ DOB \_\_\_\_\_

Parent/Guardian Names _____ Address _____ City/State/Zip _____ <b>Preferred Email Address</b> _____
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Father's Employer: \_\_\_\_\_ Preferred Contact # \_\_\_\_\_

Mother's Employer: \_\_\_\_\_ Preferred Contact # \_\_\_\_\_

**Parent to be contacted FIRST:** \_\_\_\_\_

If they cannot be reached, call: \_\_\_\_\_

Phone: \_\_\_\_\_ Relationship: \_\_\_\_\_

**This person \_\_\_\_ does or \_\_\_\_ does NOT have permission to make emergency care decisions on behalf of the parents & child.**

My child has permission to be picked up by: \_\_\_\_\_

\*My child may **NOT** be picked up by: \_\_\_\_\_

**Medical Information: Name, address, & phone number of child's doctor:**

\_\_\_\_\_

**Allergies/Medical Conditions**

\_\_\_\_\_

Other medical care information: \_\_\_\_\_

\*I authorize a representative of St. Joseph Catholic ELC to refer my child to the above named doctor.

Parent Signature: \_\_\_\_\_ Date: \_\_\_\_\_

I, \_\_\_\_\_, \_\_\_\_ **GIVE** \_\_\_\_ **DO NOT GIVE** permission to take my child's picture and post them on the St. Joseph Catholic ELC website.

By signing my name below, I agree that all information listed is correct and that I will update it as necessary. I also agree to abide by the late pick up policy.

Parent Signature \_\_\_\_\_ Date \_\_\_\_\_