

# Prince of Peace Extended Care Program Emergency Form

Student Name(s): \_\_\_\_\_

Grade(s): \_\_\_\_\_

## Parent Information

Name:  
Home Phone Number:  
Cell Phone Number:  
Work Phone Number:  
Work Hours:  
Email Address:

Mother	Father

## Emergency Contacts

Name:  
Relationship:  
Home Phone Number:  
Cell Phone Number:


Please allow my student(s) to be released to:

Name:  
Relationship:  
Home Phone Number:  
Cell Phone Number:


Allergies or other necessary medical information: \_\_\_\_\_

The Extended Care Program has my permission to take my student(s) for emergency medical treatment. This may include, but is not limited to, emergency first aid, local rescue squad or local hospital/trauma center.

Physician Name: \_\_\_\_\_

Phone Number: \_\_\_\_\_

Print Parent Name: \_\_\_\_\_

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

Date: \_\_\_\_\_