

**QUEEN OF THE ROSARY  
EXTENDED CARE PROGRAM  
EMERGENCY FORM**

Family Name \_\_\_\_\_

Child's Physician/Pediatrician Name & Phone # \_\_\_\_\_

Child's Dentist Name & Phone # \_\_\_\_\_

Child's Name along with allergies, chronic conditions and/or health problems\*\*:

1) \_\_\_\_\_

2) \_\_\_\_\_

3) \_\_\_\_\_

4) \_\_\_\_\_

**\*\*If a child needs regular medication, please inform director and make copies of medical forms that school office receives.**

Please name 2-3 emergency contact persons other than parents:

| Name  | Cell phone | Relationship to child |
|-------|------------|-----------------------|
| _____ | ( ) _____  | _____                 |
| _____ | ( ) _____  | _____                 |
| _____ | ( ) _____  | _____                 |

.....  
**RELEASE/CONSENT FORM**

The following people are authorized to pick up my child/ren. (Please include non-custodial parent if applicable.)

| Name  | Cell phone | Relationship to child |
|-------|------------|-----------------------|
| _____ | ( ) _____  | _____                 |
| _____ | ( ) _____  | _____                 |
| _____ | ( ) _____  | _____                 |
| _____ | ( ) _____  | _____                 |
| _____ | ( ) _____  | _____                 |

I understand that my child will only be released to someone with prior authorization. If someone other than those listed will be picking up my child, I will inform the Extended Care Program in writing. **NO TELEPHONE REQUESTS WILL BE HONORED.**

\_\_\_\_\_  
Parent or Legal Guardian Signature

\_\_\_\_\_  
Date

Home Phone ( ) \_\_\_\_\_ Cell ( ) \_\_\_\_\_ Work( ) \_\_\_\_\_