

**Sacred Heart School Extended Day Emergency Information**

|                                |                                |
|--------------------------------|--------------------------------|
| _____                          | _____                          |
| <b>Child's Name</b>            | <b>Date of Birth</b>           |
| _____                          | _____                          |
| <b>Child's Address</b>         | <b>Home Phone Number</b>       |
| _____                          | _____                          |
| <b>Mom's Work Phone Number</b> | <b>Dad's Work Phone Number</b> |
| _____                          | _____                          |
| <b>Mom's Cell Phone Number</b> | <b>Dad's Cell Phone Number</b> |

**Persons to Contact In an Emergency:**  
**(other than parent or guardian)**

|                              |                               |
|------------------------------|-------------------------------|
| 1. _____                     | _____                         |
| <b>Name</b>                  | <b>Phone Number</b>           |
| _____                        | _____                         |
| <b>Relationship to Child</b> | <b>Cell/Work Phone Number</b> |
| 2. _____                     | _____                         |
| <b>Name</b>                  | <b>Phone Number</b>           |
| _____                        | _____                         |
| <b>Relationship to Child</b> | <b>Cell/Work Phone Number</b> |
| 3. _____                     | _____                         |
| <b>Name</b>                  | <b>Phone Number</b>           |
| _____                        | _____                         |
| <b>Relationship to child</b> | <b>Cell/Work Phone Number</b> |

**Please list any allergies or other health problems we should be aware of:**

\_\_\_\_\_  
\_\_\_\_\_.

**Physician's Name** \_\_\_\_\_ **Phone Number** \_\_\_\_\_

**Please list any other information that may be helpful to the program:**

\_\_\_\_\_