

Sacred Heart School Extended Day Emergency Information

_____	_____
Child's Name	Date of Birth
_____	_____
Child's Address	Home Phone Number
_____	_____
Mom's Work Phone Number	Dad's Work Phone Number
_____	_____
Mom's Cell Phone Number	Dad's Cell Phone Number

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

1. _____	_____
Name	Phone Number
_____	_____
Relationship to Child	Cell/Work Phone Number
2. _____	_____
Name	Phone Number
_____	_____
Relationship to Child	Cell/Work Phone Number
3. _____	_____
Name	Phone Number
_____	_____
Relationship to child	Cell/Work Phone Number

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:

