

**SJS EXTENDED DAY PROGRAM  
EMERGENCY FACT SHEET**

<b>FAMILY NAME:</b> _____			
<i>LAST NAME ONLY: If parent name is different from child's please use CHILD'S last name</i>			
<b>ADDRESS:</b> _____		<b>TEL:</b> (    )	<b>CELL:</b> (    )
#	Street	City	
<b>CHILD'S NAME</b>	<b>D.O.B.</b>	<b>HOMEROOM</b>	
<b>PLACE WHERE PARENT/GUARDIAN CAN BE REACHED DURING THE DAY:</b> <i>(between the hours of 8 am &amp; 6 pm)</i>			
<b>Mother's Name:</b> _____		<b>Father's Name:</b> _____	
<b>Cell Phone:</b> _____		<b>Cell Phone:</b> _____	
<b>Work Phone:</b> _____		<b>Work Phone:</b> _____	
<b>Email Address:</b> _____			
<b>PLEASE LIST THREE (3) PEOPLE WE CAN CONTACT IN CASE OF AN EMERGENCY:</b>			
1)	NAME	PHONE #	RELATIONSHIP
2)	NAME	PHONE #	RELATIONSHIP
3)	NAME	PHONE #	RELATIONSHIP
<b>PHYSICIAN'S NAME:</b> _____			<b>TEL #:</b> (    )
<b>ADDRESS:</b> _____			
<b>DENTIST'S NAME:</b> _____			<b>TEL#:</b> (    )
<b>ADDRESS:</b> _____			
<b>EMERGENCY MEDICAL INFORMATION:</b> <i>(food, insect, medication allergies; medication taken on a regular basis; EpiPen?)</i>			
<b>HEALTH INSURANCE:</b> _____			
Please list individuals with permission to pick up your child. Your child will only be released to the individual(s) listed. PLEASE NOTE: A photo ID may be required to be shown as proof of identity if an individual is not known to the teacher(s).			
NAME	RELATIONSHIP	NAME	RELATIONSHIP
NAME	RELATIONSHIP	NAME	RELATIONSHIP
NAME	RELATIONSHIP	NAME	RELATIONSHIP
<b>PARENT SIGNATURE</b>		<b>DATE</b>	
2018-2019			