

Sacred Heart School CARES Emergency Form

Authorization for Pick Up

Name & Relationship to Child
Cell#

Home#

Work #

1. _____

2. _____

3. _____

***In custody dispute, court papers must be on file to restrict release of your child to an undesignated parent.**

Following person(s) **MAY NOT** pick up my child:

Name and Relationship to
child: _____

Emergency Contacts

(Please list in priority order and will be contacted if parents are not able to be reached)

1. Name and Relationship to
Child _____

Phone #'s
(Home) _____ (Work) _____ (Cell) _____
2. Name and Relationship to
Child _____

Phone #'s (Home) _____ (Work) _____
(Cell) _____

Medical Information

Child's Physician _____ Phone
Number _____

Name of Practice _____

Health Coverage Provider _____ Policy

*Any food or drug allergies? YES NO

*If yes please
list _____

*Any special medical conditions? YES NO

*If yes please
list _____

***If there is a medical emergency and none of the above can be reached, I want
my child taken to the Emergency Room. YES
NO**