

Sacred Heart School CARES Emergency Form

Authorization for Pick Up

Name & Relationship to Child Home# Work # Cell#

- 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 who 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