



**ST. BERNARD SCHOOL BEFORE AND AFTER SCHOOL PROGRAM EMERGENCY FORM AND RELEASE CARD**

Child's Last Name \_\_\_\_\_ First Name \_\_\_\_\_ Birth Date \_\_\_\_\_

Home Address \_\_\_\_\_

ILLNESS OR ACCIDENT OR LEAVING CENTER PREMISES: In the event of an apparently serious illness or accident, when I cannot be reached, I wish one of the following to be notified by telephone. They are authorized to act in my absence. When releasing my child from the center, a current picture I.D. must be shown.

Name \_\_\_\_\_ Address \_\_\_\_\_ Phone Number \_\_\_\_\_

Name \_\_\_\_\_ Address \_\_\_\_\_ Phone Number \_\_\_\_\_

Name \_\_\_\_\_ Address \_\_\_\_\_ Phone Number \_\_\_\_\_

Name \_\_\_\_\_ Address \_\_\_\_\_ Phone Number \_\_\_\_\_

The following persons (s) MAY NOT CALL FOR MY CHILD: \_\_\_\_\_

If one of the above cannot be reached, I wish my child be taken to the EMERGENCY HOSPITAL  
EMERGENCY HOSPITAL: ( ) Yes ( ) No DOCTOR'S NAME: \_\_\_\_\_  
DOCTOR'S TEL. NUMBER: \_\_\_\_\_ Kaiser No. \_\_\_\_\_ Med. Ins. Carrier No. \_\_\_\_\_

SPECIAL MEDICAL INSTRUCTIONS: (Allergies, chronic illness, etc.) \_\_\_\_\_

\_\_\_\_\_ PA  
RENTS BUSINESS TELEPHONE NUMBER AND CELL NUMBER. The following numbers may be used in case of emergency:

Mothers Last Name \_\_\_\_\_ First Name \_\_\_\_\_ Business Telephone \_\_\_\_\_ Cell Number \_\_\_\_\_

\_\_\_\_\_ Fat  
thers Last Name \_\_\_\_\_ First Name \_\_\_\_\_ Business Telephone \_\_\_\_\_ Cell Number \_\_\_\_\_

SIGNATURE: \_\_\_\_\_ DATE \_\_\_\_\_

DATE ATTENDING: \_\_\_\_\_ MON \_\_\_\_\_ TUES \_\_\_\_\_ WED \_\_\_\_\_ THURS \_\_\_\_\_ FRI

HOURS ATTENDING: \_\_\_\_\_ 6:45AM TO 8:00AM  
\_\_\_\_\_ 2:45PM TO 4:00PM  
\_\_\_\_\_ 4:00PM TO 5:00PM  
\_\_\_\_\_ 5:00PM TO 6:00PM Early Dismissal Days 12:45 to \_\_\_\_\_

