

Christ the King Extended Care Program
EMERGENCY CONTACT INFORMATION
2018-19 School Year



Student's Last Name

First Name

Home Address

Home Telephone Number

Birth Date

Mother's Name

Email address

Cell/Business Phone Number

Father's Name

Email address

Cell/Business Phone Number

***IN THE EVENT OF SERIOUS ILLNESS, ACCIDENT OR IF I CAN'T BE REACHED,
ONE OF THE FOLLOWING MAY BE NOTIFIED. THEY ARE AUTHORIZED TO ACT
IN MY ABSENCE AND MY CHILD MAY BE RELEASED TO THEIR CARE IF NEEDED.***

Name

Phone Number

Name

Phone Number

Name

Phone Number

Name

Phone Number

***IF NO ONE CAN BE REACHED, I WISH MY CHILD TO BE TAKEN TO THE
HOSPITAL EMERGENCY. ___YES ___NO***

Doctor's name

Telephone

Address

ALLERGIES: _____