

St. Francis Central Catholic School

Extended Care Contact & Release Form



In the event that a parent / guardian will not be picking the student up from the Keepers Program, or in the event of an emergency, we need to know who your child may be released to. Additionally, the persons listed may also be contacted in such events that parents cannot be reached.

Student Information

Child's Name: _____ Birthdate: _____

Emergency Information

Physician's Name: _____ Phone: _____

Please list any persons that we may contact in case of an emergency. My Child may be released to the following persons for emergency and non-emergency situations unless otherwise noted.

**A Picture ID will be required if we cannot comfortably identify the person picking up your child.*

Name: _____ Relationship: _____
Home Phone: _____ Cell: _____ Work: _____

Name: _____ Relationship: _____
Home Phone: _____ Cell: _____ Work: _____

Name: _____ Relationship: _____
Home Phone: _____ Cell: _____ Work: _____

Name: _____ Relationship: _____
Home Phone: _____ Cell: _____ Work: _____

Special Needs

No, my child has no special needs or allergies Yes, My child has special needs or allergies

Please list any allergies, existing illness, previous serious illness/injuries, and/or any medications prescribed for continuous, long-term use.

In the event of an accidental ingestion of an allergen or problems relating to your child's medical conditions, please list the proper procedures to be followed including any medications and proper doses.

Parent / Guardian Signature: _____ Date: _____