

# Our Lady of Fatima School's Extended Day

## I. FAMILY INFORMATION

**Student Name:** \_\_\_\_\_ **Age:** \_\_\_\_\_ **DOB:** \_\_\_\_\_ **Sex:** \_\_\_\_\_

**Address:** \_\_\_\_\_ **City/ ZIP** \_\_\_\_\_

**Home phone** (\_\_\_\_\_) \_\_\_\_\_

**Mother's Name:** \_\_\_\_\_ **Employer:** \_\_\_\_\_

**Work Phone:** \_\_\_\_\_ **Alt. Number/Pager/Cell:** \_\_\_\_\_

**Father's Name:** \_\_\_\_\_ **Employer:** \_\_\_\_\_

**Work Phone:** \_\_\_\_\_ **Alt. Number/Pager/Cell:** \_\_\_\_\_

## II. HEALTH INFORMATION

Does this child have any UNUSUAL health conditions? \_\_\_\_\_

If yes, please explain. \_\_\_\_\_

Does your child take any medication that will be administered during extended day? (It is best to arrange for medication to be given once the child is picked up, we do not have a staff nurse.) \_\_\_\_\_

Does your child have any limitations for physical activities, if so describe. \_\_\_\_\_

If I cannot be contacted in the event of a medical emergency, I hereby authorize any and all school personnel, including volunteers, to transport my child to any doctor or hospital and I further authorize, at my cost, any necessary medical services provided for my child and release from liability said school personnel from any of the above acts.

**Parent/Guardian signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Insurance carrier:** \_\_\_\_\_ **Policy#** \_\_\_\_\_ **Child's S.S#.** \_\_\_\_\_

**Family Doctor:** \_\_\_\_\_ **Phone:** \_\_\_\_\_

**Family Dentist:** \_\_\_\_\_ **Phone:** \_\_\_\_\_

## III. EMERGENCY NUMBERS

Please list two or three people who can be contacted in case of emergency. They will be called in the order listed.

**Name:** \_\_\_\_\_ **Phone:** \_\_\_\_\_ **DL#** \_\_\_\_\_

**Name:** \_\_\_\_\_ **Phone:** \_\_\_\_\_ **DL#** \_\_\_\_\_

**Name:** \_\_\_\_\_ **Phone:** \_\_\_\_\_ **DL#** \_\_\_\_\_

**IV. TRANSPORTATION FOR EXTENDED DAY ONLY**

The following persons are authorized to pick up my child. **YOUR CHILD WILL NOT BE RELEASED TO ANYONE WHO IS NOT ON THIS LIST.**

1. Name: \_\_\_\_\_ Relation: \_\_\_\_\_ Phone: \_\_\_\_\_

DL # \_\_\_\_\_

2. Name: \_\_\_\_\_ Relation: \_\_\_\_\_ Phone: \_\_\_\_\_

DL # \_\_\_\_\_

3. Name: \_\_\_\_\_ Relation: \_\_\_\_\_ Phone: \_\_\_\_\_

DL # \_\_\_\_\_

4. Name: \_\_\_\_\_ Relation: \_\_\_\_\_ Phone: \_\_\_\_\_

DL # \_\_\_\_\_

Parent Signature: \_\_\_\_\_

Date: \_\_\_\_\_

**FOR OFFICE USE**

Teacher: \_\_\_\_\_