



St. Aloysius Academy for Boys Extended Day Emergency Contact Form

Child's Last Name _____ First Name _____ Grade _____

Mother's Name _____ Father's name _____

Home Address _____

Home Phone # _____

Mother's cell phone # _____ Father's cell phone # _____

Mother's business phone # _____ Father's business phone # _____

In the event of an illness or accident and I cannot be reached, I wish the following person to be notified. He/she/they are authorized to act on my behalf in my absence.

Name _____

Address _____

Home phone # _____ Cell phone # _____

Please list the name(s) of anyone who **may not** act on your behalf and their relationship with your child.

Medical Information

In case of an emergency, my child may be taken to Bryn Mawr Hospital. Yes _____ No _____

Doctor's name _____ Telephone # _____

Allergies – please list: _____

Other medical conditions: _____

Child's birthdate _____

Child's usual departure time from extended day _____

Parent Signature _____ Date _____