



## 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.

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### 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 \_\_\_\_\_