

2018-2019 HEALTH EMERGENCY INFORMATION FORM
SAINTS SIMON AND JUDE CARES PROGRAM

****Please fill out a Health Emergency Form for each child****

CHILD'S NAME (First/Last): _____

Date of Birth: _____

Grade/Room# 2018/2019: _____

Address: _____

Home Email Address: _____

Home Phone Number: _____

Mother's Name: _____

Mother's Cell #: _____

Mother's Work #: _____

Father's Name: _____

Father's Cell #: _____

Father's Work #: _____

EMERGENCY CONTACTS

In the event of apparent serious illness, accident, or when I cannot be reached, I wish one of the following to be notified by telephone. **They may also release and pick up my child from the CARES program.**

CONTACT #1 (First /Last): _____

Phone Number: _____

CONTACT #2 (First/Last): _____

Phone Number: _____

CONTACT #3 (First/Last): _____

Phone Number: _____

Please list any special health information such as diabetes, epilepsy, allergies, eye or ear problems, or any other chronic condition: _____

Please list any medications your child is taking: _____

Doctor: _____ **Phone:** _____

NOTE: Any medication that must be given during the program must be accompanied by a note from the Doctor, properly labeled and given to the Program Director. If personnel are unable to contact any of the Authorized Adults listed on this form, the Program Director may make the necessary decision, in any emergency, at no expense or liability to Saints Simon and Jude.

Please provide Doctor's note, the medication _____ and instructions on medication administrations.

Please check one of the following boxes: I give permission to administer 25 mg Benadryl by mouth if an allergic reaction should occur: _____ YES _____ NO

Signature: _____ **Date:** _____