

PLEASE RETURN BY FRIDAY, SEPTEMBER 9, 2016

ST. RITA SCHOOL
BEFORE/AFTER CARE EMERGENCY SHEET SCHOOL YEAR 2016-2017

Student	Gender	Date of Birth	Class
Mother or Legal Guardian	Home Address/Zip Code	Home Phone	Cell Phone
Business Name	Business Address	Business Phone	
Father or Legal Guardian	Home Address/Zip Code	Home Phone	Cell Phone
Business Name	Business Address	Business Phone	

If the school cannot contact a parent of legal guardian, list friends or relatives of legal age who may be called upon if your child is sick. Also include the name(s) of any person who has your permission to sign for the early release of your child.

Name	Relationship	Home Phone	Cell Phone
Name	Relationship	Home Phone	Cell Phone
Name	Relationship	Home Phone	Cell Phone

If the school is unable to reach me, I hereby authorize the school to call the physician listed below and follow his/her instructions.

Physician's Name	Telephone Number
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If it is impossible to contact the physician, the school may make whatever arrangements seem necessary.

Please mention any medical condition that the staff should be aware of (e.g. asthma, allergies, etc.) and any medication being taken for the condition.

This form is not valid unless signed by a parent or legal guardian. Parents are obligated to inform the school immediately of any additions or changes to the information on this form.

Signature of Parent or Legal Guardian _____

Date _____