

Good Shepherd Child Care

Student Emergency Referral

Pupil's Name: _____
Last First

Birthdate: ____/____/____

Home Address: _____
Street City State Zip Code

Father's Name: _____

Mother's Name: _____

Home Phone #: _____

Home Phone #: _____

Work Phone #: _____

Work Phone #: _____

Cell Phone #: _____

Cell Phone #: _____

If my child becomes ill or injured, and we cannot be reached, please call the following people in order of preference relative to our child's care. They are authorized to represent us in making decisions relative to our child's care:

Name of Person Relationship to Child Daytime Phone #

Name of Person Relationship to Child Daytime Phone #

Is your child allergic to any food, medication, or other substance? Describe: _____

In case of an accident/injury/emergency, child care procedure will be to contact the parent or guardian at work. If that contact cannot be made, child care personnel will call the physician authorized by the parent or 911. In case of severe accident/injury/illness and I cannot be reached, I hereby authorize:

Dr. _____ at # _____ to give necessary treatment.
Doctor's Name Doctor's Phone Number

Good Shepherd Child Care Release Authorization

The following people are authorized to pick my child up from child care:

Name of Person Relationship to Child

Name of Person Relationship to Child

Name of Person Relationship to Child

Name of Person Relationship to Child

I understand that I must complete the required "Change of Pick Up" form if a person other than listed above will be picking my child up from Good Shepherd Child Care.

Parent or Guardian Signature

_____/_____/_____
Today's Date