

**Saint Brigid Catholic School**  
***After School Care Program***  
**Emergency Procedure Form**

FAMILY NAME: \_\_\_\_\_

NAMES OF CHILDREN ATTENDING SAINT BRIGID SCHOOL: \_\_\_\_\_

_____	GRADE _____
_____	GRADE _____
_____	GRADE _____

In case of emergency, illness, or accident to the above listed children, the school is authorized to proceed as indicated below: (List: 1, 2, 3, etc.)

( ) Contact mother- Home phone \_\_\_\_\_  
\_\_\_\_\_ Cell phone \_\_\_\_\_  
(print first name) Work phone \_\_\_\_\_  
Place of work \_\_\_\_\_

( ) Contact father- Home phone \_\_\_\_\_  
\_\_\_\_\_ Cell phone \_\_\_\_\_  
(print first name) Work phone \_\_\_\_\_  
Place of work \_\_\_\_\_

( ) Other Responsible Persons:

1. Name \_\_\_\_\_  
Relationship to child: \_\_\_\_\_  
Phone \_\_\_\_\_

2. Name \_\_\_\_\_  
Relationship to child: \_\_\_\_\_  
Phone \_\_\_\_\_

( ) Call 911 for ambulance

( ) Take child to emergency hospital

( ) Other desired procedure: \_\_\_\_\_

If there is any pertinent information regarding above children we should know about in the event emergency treatment is needed (such as allergy to drugs), please list name of child and information below. (Use the back of this form if necessary).

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
Date

\_\_\_\_\_  
Parent Signature