



# Extended Day Emergency Information

Friend or relative (**local**) to be contacted when neither parent can be reached. (Used in cases of emergency or when a child has not been picked up within three hours after early school closing due to inclement weather.)

The law requires that two parties be named.

Name	Address	Home Phone	Work Phone

Persons **not** authorized to pick up child from Extended Day (\*if parent)

\_\_\_\_\_

Allergies/Special Instructions: \_\_\_\_\_

\_\_\_\_\_

The parent(s)/guardian(s) agree that, when notified of my child's illness while at the All Saints Extended Day Program, I will arrange to have him/her picked up as soon as possible.

Child's Physician	Address	Phone Number

1. I/We will be responsible for payment of medical care expenses.
2. Medical treatment costs are covered by: (check one)

- BlueCross BlueShield Policy No. \_\_\_\_\_
- Medicaid Coverage No. \_\_\_\_\_
- Other Medical Insurance  
 Name of Company: \_\_\_\_\_  
 Policy No. \_\_\_\_\_
- I have no medical Insurance.

The parent(s)/guardian(s) authorizes All Saints Extended Day Program representative to obtain immediate medical care and consents to the hospitalization, performance or necessary diagnostic tests, necessary surgery, and/or the administration of drugs, for above child if an emergency occurs when he/she cannot be located immediately. It is also understood that this agreement covers only those situations which are true emergencies and only when he/she cannot be reached. Otherwise he/she expects to be notified immediately.

\_\_\_\_\_  
SIGNATURE OF PARENT OR GUARDIAN

\_\_\_\_\_  
DATE

**THIS FORM IS KEPT BY ALL SAINTS EXTENDED DAY AND IS TO BE TAKEN TO THE DOCTOR OR TREATMENT FACILITY IN CASE OF EMERGENCY.**

\*Appropriate custody paperwork must be on file.