

**ST. CATHERINE LABOURE SCHOOL
EMERGENCY INFORMATION 2010-2011**

Emergencies involving children may arise at any time. It is of the utmost importance that the school has the following information for **EACH FAMILY**. It may mean the difference between life and death if an emergency or accident should occur. This information will be kept on file in the office. Notify the school immediately if any of these phone numbers change.

PLEASE PRINT

Family Name _____

Address _____

City _____ State _____ Zip Code _____

Home Telephone # _____ Email Address _____

Mother's Name _____ Business # _____ Cell # _____

Father's Name _____ Business # _____ Cell # _____

Relative or neighbor to call in emergency:

Name _____ Telephone # _____

Name _____ Telephone # _____

CHILD'S NAME BIRTH DATE GRADE ALLERGY, CHRONIC ILLNESS, ETC.

If an accident occurs, I give permission for **FIRST AID** to be administered.

Check one ↑ Yes { } No { }

In case of serious accident the Glenview Paramedic Squad will be called immediately to administer first aid and evaluate the condition of the child, and the parents will be contacted. If hospitalization is required and if parents cannot be reached, the child will be transported by the paramedics to Glenbrook Hospital, to save time until the parents are located. If the child's condition is serious, he/she will be taken to the most medically appropriate hospital. NOTE: The Paramedics do not service hospitals other than the one listed above.

As a parent and/or legal guardian I authorize the treatment of the minors listed on this form by a qualified and licensed medical doctor in the event of a medical emergency, which in the opinion of the attending physician may endanger his/her life, cause physical liability or undue discomfort if delayed. This consent is granted only after a reasonable effort has been made to reach me.

Parent Signature _____ Date _____

ST. CATHERINE LABOURE SCHOOL EMERGENCY

EXTENDED DAY CARE 2010 **SUMMER ONLY!!!**

For office use only:	NAME: _____	
Fee Paid: _____	Hours: 7:00AM-8:00AM	
	2:30PM-5:30PM	
Registration fee: \$15.00	Fee per child: \$3.00/hour	LATE PICK-UP FEE \$30.00

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IMPORTANT: Emergency numbers need to be current! Call office if numbers change.

PLEASE PRINT

Family Name _____
 Address _____
 Home Telephone # _____
 Mother's Name _____ Business # _____ Cell # _____
 Father's Name _____ Business # _____ Cell # _____

Relative or neighbor to call in emergency:

Name _____ Telephone # _____
 Name _____ Telephone # _____

CHILD'S NAME BIRTH DATE GRADE ALLERGY, CHRONIC ILLNESS, ETC.

If an accident occurs, I give permission for **FIRST AID** to be administered.

Check one Yes { } No { }

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I anticipate using the program (x appropriate sections).

- { } Morning before school { } Each afternoon after school { } To be determined weekly
 { } Occasionally before school { } Occasionally after school { } Other

Person(s) who will ordinarily pick up child(ren).

Name _____ Phone # _____
 Name _____ Phone # _____

Parent Signature _____ Date _____

(This is to be filled out if you want Extended Care)

