



## St. John Vianney School Before/After School Care Center Emergency Form

Student Name \_\_\_\_\_  
Last First Middle Grade

Student Name \_\_\_\_\_  
Last First Middle Grade

Student Name \_\_\_\_\_  
Last First Middle Grade

Address \_\_\_\_\_  
Street City/State Zip Code

Home Phone \_\_\_\_\_

Father: \_\_\_\_\_  
Name

Mother: \_\_\_\_\_  
Name

\_\_\_\_\_  
Place of Business

\_\_\_\_\_  
Place of Business

\_\_\_\_\_  
Business Address

\_\_\_\_\_  
Business Address

\_\_\_\_\_  
Business Phone Cell Phone

\_\_\_\_\_  
Business Phone Cell Phone

If parents cannot be reached by telephone, please call one of the following individuals listed below. Please indicate all those authorized to pick up your child if we are unable to reach either parent.

\_\_\_\_\_  
Name Address Phone Number

\_\_\_\_\_  
Name Address Phone Number

\_\_\_\_\_  
Name Address Phone Number

\_\_\_\_\_  
Name Address Phone Number

\_\_\_\_\_  
Name Address Phone Number

**Please complete other side**

**Medical Information**

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|                   |         |              |
|-------------------|---------|--------------|
| Name of Physician | Address | Phone Number |
|-------------------|---------|--------------|

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|                   |         |              |
|-------------------|---------|--------------|
| Name of Physician | Address | Phone Number |
|-------------------|---------|--------------|

Insurance Information

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|              |                   |             |
|--------------|-------------------|-------------|
| Student Name | Insurance Company | Medical ID# |
|--------------|-------------------|-------------|

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|              |                   |             |
|--------------|-------------------|-------------|
| Student Name | Insurance Company | Medical ID# |
|--------------|-------------------|-------------|

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|              |                   |             |
|--------------|-------------------|-------------|
| Student Name | Insurance Company | Medical ID# |
|--------------|-------------------|-------------|

Please identify any specific health problem(s) of student(s): \_\_\_\_\_

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I understand that the St. John Vianney Parish School Before/After School Care Program does not assume responsibility for payment of a physician. In an emergency, the Before/After School Care Center will contact the physician(s) named above. In the event the above physician(s) cannot be reached, my child will be taken to Castle Medical Center. A staff member will accompany the child and remain with him/her until parent or guardian arrives.

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Signature of Parent/Guardian

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Date