



St. John Vianney Early Learning Center Extended Day Program Emergency Form

Student Name _____
Last First Middle

Student Name _____
Last First Middle

Student Name _____
Last First Middle

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

Name of Physician	Address	Phone Number
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Name of Physician	Address	Phone Number
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Insurance Information

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#
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Please identify any specific health problem(s) of student(s): _____

I understand that the St. John Vianney Early Learning Center Extended Day Program does not assume responsibility for payment of a physician. In an emergency, the Extended Day Program will contact the physician(s) named above. In the event the above physician(s) cannot be reached, Dr. Gail Nakaichi, our Health Care Consultant, will be contacted. In an extreme emergency, my child will be taken to Castle Medical Center.

Signature of Parent/Guardian

Date