

**HOLY NAME SCHOOL
EXTENDED CARE PERMISSION FORM
SCHOOL YEAR 2019-2020**

Child's Name (Please Print) _____ Grade: _____

Parent/Guardian Name and where parents can be reached between 2:30 and 5:30 p.m.:

Name	Phone
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Name	Phone
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In the event that there is an emergency and you cannot be reached, please give the names and numbers of those people authorized to act in your absence. (Phone number needs to be where the person can be reached between 2:30 and 5:30 p.m.).

Name	Phone
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Name	Phone
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If no one listed above can be reached, I want my child to be brought to the hospital Emergency Room.

Parent/ Guardian Signature

Child's Physician (Please Print) _____

Physician Phone Number _____

Medical conditions, treatments and allergies we should be aware of: _____

THIS PERSON(S) MAY NOT CALL FOR OR PICK UP MY CHILD(REN):

Parent Signature: _____ Date: _____