Holy Name School
850 Pearce Street • Fall River, Massachusetts 02720
T: 508-674-9131 • F: 508-679-0571 • W: www.holynamefr-school.com
Dr. Patricia M. Wardell, Principal
Rev. Jay T. Maddock, Director

HOLY NAME SCHOOL
EXTENDED CARE and Authorized Pick Up
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**

_____
Name **Phone**

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**

_____
Name **Phone**

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 <u>NOT</u> CALL FOR OR PICK UP MY CHILD(REN):

_____

Parent Signature:_____ **Date:**_____

Holy Name School Pick-up Authorization Form

As an added security and safety measure, we are asking all Holy Name School parents to list individuals who may pick up your child. This list should coincide with those who have ID cards to pick up your child. This list will be used by your son/daughter's classroom teacher and the school's extended care personnel. Thank you.

Name:	Relation:
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____