

Sacred Heart School CARES Emergency Form

**Authorization for Pick Up**

Name & Relationship to Child	Home#	Work #	Cell#
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1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_

**\*In custody dispute, court papers must be on file to restrict release of your child to an undesignated parent.**

Following person(s) **MAY NOT** pick up my child:

Name and Relationship to child: \_\_\_\_\_

**Emergency Contacts**

**(Please list in priority order who will be contacted if parents are not able to be reached)**

1. Name and Relationship to Child \_\_\_\_\_  
Phone #'s (Home) \_\_\_\_\_ (Work) \_\_\_\_\_ (Cell) \_\_\_\_\_
2. Name and Relationship to Child \_\_\_\_\_  
Phone #'s (Home) \_\_\_\_\_ (Work) \_\_\_\_\_ (Cell) \_\_\_\_\_

**Medical Information**

Child's Physician \_\_\_\_\_ Phone Number \_\_\_\_\_

Name of Practice \_\_\_\_\_

Health Coverage Provider \_\_\_\_\_ Policy # \_\_\_\_\_

\*Any food or drug allergies?                      YES                      NO

\*If yes please list \_\_\_\_\_

\*Any special medical conditions?                      YES                      NO

\*If yes please list \_\_\_\_\_

**\*If there is a medical emergency and none of the above can be reached, I want my child taken to the Emergency Room.**                      YES                      NO