



Notre Dame Academy

Before & Aftercare Emergency Contact Form

2021/2022 School Year

Students will not be admitted into the Before & Aftercare program without completion of this form!
 Complete and return form on or prior to the first day your child will be participating in the program.

Student Name:		Grade:
Student Name:		Grade:
Student Name:		Grade:
Student Name:		Grade:
Father / Guardian Name:		Cell Phone: Work Phone: Home Phone:
Mother / Guardian Name:		Cell Phone: Work Phone: Home Phone:
Father / Guardian Email Address:	Mother / Guardian Email Address:	
EMERGENCY CONTACTS: PLEASE INFORM PEOPLE YOU LIST AS EMERGENCY CONTACTS!		
Emergency Contact:	Relation to Child:	Cell Phone: Work Phone: Home Phone:
Emergency Contact:	Relation to Child:	Cell Phone: Work Phone: Home Phone:
Emergency Contact:	Relation to Child:	Cell Phone: Work Phone: Home Phone:

If emergency treatment is required and the parent/guardian cannot be reached immediately, your signature below will empower us to have your child taken to the hospital. Please indicate the hospital and family doctor of your choice.

Parent/Guardian Signature: _____

Hospital: _____

Doctor: _____ Doctor's Tel. #: _____

Please list any known allergies: