

**SAINTS SIMON AND JUDE SCHOOL CARES PROGRAM
2017 - 2018 HEALTH EMERGENCY INFORMATION FORM**

PLEASE FILL OUT A SEPARATE FORM FOR EACH CHILD REGISTERED

CHILD'S NAME _____

Date of Birth _____ **Grade** _____ **Room#** _____

Home Address _____

Home # _____ **Email address** _____

Father cell # _____ **Work #** _____

Mother cell # _____ **Work #** _____

Guardian cell # _____ **Work #** _____

In the event of apparent serious illness, accident, or when I cannot be reached I wish one of the following to be notified by telephone. They may also release and pick up my child/children from the CARES program.

1. Name _____ **Phone** _____

2. Name _____ **Phone** _____

3. Name _____ **Phone** _____

4. Name _____ **Phone** _____

Please list any special health information such as diabetes, epilepsy, allergies, eye or ear problems, or any other chronic condition. _____

List any medications your child is taking _____

NOTE: Any medication that must be given during the program must be accompanied by a note from the Doctor, properly labeled and given to the Program Director. If personnel are unable to contact any of the Authorized Adults listed on this form, the Program Director may make the necessary decisions in any emergency at no expense or liability to Saints Simon and Jude.

Doctor _____ **Phone** _____

Procedures to followed in case of insect sting allergies. Provide Doctor's note, the medication _____, and instructions on medication administrations. I have initialed my permission _____ Yes _____ No to administer 25 mg Benadryl by mouth if an allergic reaction should occur.

Sign _____ **Date** _____