



All Saints Academy Extended Day Program

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In consideration of admittance, I hereby authorize the director or designee of the All Saints Academy Extended Day Program to arrange for medical examination and/or treatment of my child:

Child's Name

Should an emergency arise at the center or on field trip. It is understood that a conscientious effort will be made by the center to contact me at the emergency numbers I have provided below before any medical action is taken.

I would prefer to have my child taken to the following hospital if the need arises:

Hospital Name

I understand that choice of hospital may be limited by service of local rescue squad.

Signature Mother/Guardian

Home Phone

Business Phone

Signature Father/Guardian

Home Phone

Business Phone

Relatives or other persons to be contacted in an emergency.

Name _____

Name _____

Address _____

Address _____

Phone _____

Phone _____

Relationship _____

Relationship _____

Today's Date _____

Check here to allow the Extended Day Program to copy and file your child's
Immunization Record and Health Examination form:

Authorization for Emergency Treatment