

ST. JOSEPH SCHOOL EXTENDED DAY
5411. S. Main St. Sylvania, Ohio 43560

FAMILY EMERGENCY PROCEDURE FORM

Family Name	Father's Name	Mother's Name
Student's Address	Father's Address	Mother's Address
Student's Phone No.	Father's Phone No. Home _____ Work _____ Cell _____ Pager _____	Mother's Phone No. Home _____ Work _____ Cell _____ Pager _____

In case of illness or accident, if I/we cannot be reached at the above numbers, you have my permission to contact/release care to any of the following:

Name	Address	Phone	Relationship
------	---------	-------	--------------

Name	Address	Phone	Relationship
------	---------	-------	--------------

Family Doctor _____ Address _____ Phone _____

Family Dentist _____ Address _____ Phone _____

Emergency Hospital _____ or any hospital reasonably accessible

Parent/Guardian Signature _____ Date _____

Child's Name	Class	Allergies	Medical Problems	Medication Taken Regularly