

**Student Name:**

**2017-2018 Extended Day Program  
Emergency Information**

Allergies or Intolerance to Food, Medication etc., and Action to be taken in an Emergency If NO Allergies please indicate so

Child's Physician

Phone

**Emergency Contacts: MUST PUT COMPLETE ADDRESS AND MUST BE TWO DIFFERENT CONTACTS WITH DIFFERENT PHONE NUMBERS.** Emergency Contacts will be called if parents can not be reached.

Name

Complete Address(street#, street name, city, state, zip code)

Phone

1. \_\_\_\_\_

2. \_\_\_\_\_

**Authorizations**

**Person(s) authorized to sign child out from Extended Day.** (Identification Required)

1.

2.

**Person(s) NOT authorized to Pick Up Child (Appropriate paperwork such as Custody Papers shall be attached if parent is not allowed to pick up the child. (Please include a photograph if available.)**

1.

2.

**Parent or Guardian Agreements**

1. St. Joseph Extended Day Program agrees to notify the parent/guardian whenever the child becomes ill and the parent/guardian will arrange to have the child picked up as soon as possible.
2. The parent(s)/guardian authorize St. Joseph Extended Day program to obtain immediate medical care if any emergency occurs when the parent/guardian cannot be located immediately.
3. The parent(s)/guardians agree to inform the center within 24 hours or the next business day after his child or any member of the immediate household has developed a reportable communicable disease, as defined by the State Board of Health, except for life threatening diseases which must be reported immediately.
4. By signing below, Parent/Guardian agrees to all rules in Extended Day Handbook.

**Signatures**

\_\_\_\_\_  
*Parent(s)/Guardian*

\_\_\_\_\_  
*Date*

\_\_\_\_\_  
*Administrator of Extended Day Program*

\_\_\_\_\_  
*Date*

(All information requested on registration is required by the Department of Social Services under the 22VAC 15-30-80. code)

Office Use Only

Date child entered Extended Day

Date child left Extended Day