ST. ANN SCHOOL EARLY LEARNING CENTER
EMERGENCY & CONSENT FORM

Child's Name_____

Mother_____ Father _____

Mailing Address _____Phone _____

Enrolled for: ☐ Full-Time (6:30a-5:30p) ☐ School Day (7:30a-2:30p) ☐Part-Time (7:30a-12:00noon)

CLEARANCE: With whom will your child go home? List anyone who might be calling for your child, *including parents.* For your child's protection, we will not release your child to anyone other than the persons listed below.
Refer to the Handbook for school procedure. *Persons must be 16 years or older.*

NAME	RELATIONSHIP	ADDRESS	HOME PHONE	CELL PHONE
_____	_____	_____	_____	
_____	_____	_____	_____	
_____	_____	_____	_____	
_____	_____	_____	_____	

EMERGENCY MEDICAL PROCEDURES: It is the policy of St. Ann's to contact the parents of the child regarding medical treatment if the child is seriously injured or becomes ill. Children will be taken by ambulance to the nearest emergency facility or to Castle Medical Center. Who should be called in an emergency if we are unable to contact parents?

NAME	RELATIONSHIP	ADDRESS	HOME PHONE	CELL PHONE
_____	_____	_____	_____	
_____	_____	_____	_____	
_____	_____	_____	_____	
_____	_____	_____	_____	

DOCTOR _____ Address _____

Phone _____ Medical Plan & Number _____

DENTIST_____ Address _____

Phone _____ Medical Plan & Number _____

EMERGENCY RELEASE: I/We hereby give consent for St. Ann Early Learning Center to call the physician listed on this form, if I/We cannot be reached in case of a Health Emergency. I/We give consent to have my child taken by an ambulance for emergency care for treatment to Castle Medical Center at the discretion of the Principal.

Parent/Guardian Signature _____ **Date** _____