



**Enrollment – Emergency Medical Information**

**Extended Care**

**Child's Name** \_\_\_\_\_ **Age** \_\_\_\_\_ **Birth date** \_\_\_\_\_

**Mother/Guardian** \_\_\_\_\_ **Employer** \_\_\_\_\_

**Home Phone** \_\_\_\_\_ **Work Phone** \_\_\_\_\_ **Cell Phone** \_\_\_\_\_

**Address** \_\_\_\_\_

**E-mail address** \_\_\_\_\_

**Father/Guardian** \_\_\_\_\_ **Employer** \_\_\_\_\_

**Home Phone** \_\_\_\_\_ **Work Phone** \_\_\_\_\_ **Cell Phone** \_\_\_\_\_

**Address** \_\_\_\_\_

**E-mail address** \_\_\_\_\_

**\*\*Please star which parent and which number to call first**

**Church** \_\_\_\_\_ **Affiliation** \_\_\_\_\_ **Baptism Date** \_\_\_\_\_

**Please list name of people who are authorized to pick up your child from the Center.** (Parents must notify the center before sending one of these people to pick up your child. An I.D. will be required.)

**Name** \_\_\_\_\_ **Relationship** \_\_\_\_\_

**Home Phone** \_\_\_\_\_ **Work Phone** \_\_\_\_\_ **Cell Phone** \_\_\_\_\_

**Address** \_\_\_\_\_

**Name** \_\_\_\_\_ **Relationship** \_\_\_\_\_

**Home Phone** \_\_\_\_\_ **Work Phone** \_\_\_\_\_ **Cell Phone** \_\_\_\_\_

**Address** \_\_\_\_\_

**Is there anyone who should NOT be allowed to pick up your child?**

**Name** \_\_\_\_\_

**Reason** \_\_\_\_\_

With intent to be legally bound, I give permission to Our Savior Extended Care to photograph my child, use the photo for any purpose OSEC deems proper, and relinquish all rights, title & interest in the finished photos & negatives.

**Parent/Guardian Signature** \_\_\_\_\_ **Date** \_\_\_\_\_

**Authorized /Alternate Person for Emergency Contact**

Name \_\_\_\_\_ Relationship \_\_\_\_\_  
Home Phone \_\_\_\_\_ Work Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_  
Address \_\_\_\_\_

Name \_\_\_\_\_ Relationship \_\_\_\_\_  
Home Phone \_\_\_\_\_ Work Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_  
Address \_\_\_\_\_

**Hospital of Choice** \_\_\_\_\_ Phone \_\_\_\_\_

**Physician** \_\_\_\_\_ Phone \_\_\_\_\_

Address \_\_\_\_\_

**Dentist** \_\_\_\_\_ Phone \_\_\_\_\_

Address \_\_\_\_\_

Insurance Policy Number \_\_\_\_\_

Any know Allergies or Dietary Restrictions \_\_\_\_\_

Is the child on any long-term medications? \_\_\_\_\_

Other significant Medical information \_\_\_\_\_

It is understood that in some medical situations, the staff will need to contact the local emergency resource before the parent, child's physician and/or other adult acting on the parent's behalf. I give permission to Our Savior Extended Care take whatever emergency (E.G., first aid, disaster evacuation) measures as judged necessary for the care and protection of my child while under the supervision of the center. If local emergency resources feel it necessary, the child will be transported to an appropriate medical facility for treatment, at the expense of the parents. **Current photo needed.**

**Parent/Guardian Signature** \_\_\_\_\_ Date \_\_\_\_\_

Parent reviewed form and found no changes needed

Date \_\_\_\_\_ Initials \_\_\_\_\_

Date \_\_\_\_\_ Initials \_\_\_\_\_

Date \_\_\_\_\_ Initials \_\_\_\_\_

**Extended Care Office Use Only:**

Beginning Date \_\_\_\_\_ from \_\_\_\_\_ until \_\_\_\_\_ Days M T W T H F

Date Received \_\_\_\_\_ Date Accepted \_\_\_\_\_