

Bishop O’Gorman Catholic Schools Summer Care Program Emergency Contact Card

Please complete one Emergency Contact Card form per family.

Please print all information. This form will be used to contact you in case of an emergency. Please be sure all information is correct and complete. This information will be kept confidential.

FAMILY NAME: _____

Child #1: _____ Date of Birth: _____ Age: _____ Current Grade: _____

Child #2: _____ Date of Birth: _____ Age: _____ Current Grade: _____

Child #3: _____ Date of Birth: _____ Age: _____ Current Grade: _____

Child #4: _____ Date of Birth: _____ Age: _____ Current Grade: _____

Father’s Name: _____

Address: _____

Cell Phone: _____ Work Phone: _____

Place of Employment: _____ Home Phone: _____

E-mail Address: _____

Mother’s Name: _____

Address: _____

Cell Phone: _____ Work Phone: _____

Place of Employment: _____ Home Phone: _____

E-mail Address: _____

Only the following persons are authorized to pick up my child:

Name: _____ **Relationship** _____

Name: _____ **Relationship** _____

Name: _____ **Relationship** _____

Name: _____ **Relationship** _____

If parent/guardian cannot be reached in case of emergency, I authorize the Summer Care staff and the following people to grant permission for treatment:

1) **Name:** _____ Phone: _____
Relationship to Child: _____

2) **Name:** _____ Phone: _____
Relationship to Child: _____

3) **Physician’s Name:** _____ Phone: _____
Hospital Preference: _____ Phone: _____

Immunization Records:

My child’s immunization records are on file at a Bishop O’Gorman Catholic Schools’ school.

I have attached my child’s immunizations records.

Parent Signature: _____ **Date:** _____

You must notify the school if any of the above information changes.