

IMPORTANT: Please complete one form per student and return to Child Care Program Staff ASAP.  
Duplicate form as needed.

## Child Care Program Student Emergency Referral

**Pupil's Name** \_\_\_\_\_ **Birthdate** \_\_\_\_\_ **Today's Date** \_\_\_\_\_  
Last First

**Address** \_\_\_\_\_  
Street City

**Father's Name** \_\_\_\_\_ **Work Phone No.** \_\_\_\_\_  
**Home Phone No.** \_\_\_\_\_ **Cell Phone No.** \_\_\_\_\_  
**Email Address** \_\_\_\_\_

**Mother's Name** \_\_\_\_\_ **Work Phone No.** \_\_\_\_\_  
**Home Phone No.** \_\_\_\_\_ **Cell Phone No.** \_\_\_\_\_  
**Email Address** \_\_\_\_\_

If our child becomes ill or injured, and we cannot be reached, please call the following people in order of preference relative to our child's care. They are authorized to represent us in making decisions relative to our child's care.

\_\_\_\_\_  
Name of Person (relationship to student) Phone No. during day

\_\_\_\_\_  
Name of Person (relationship to student) Phone No. during day

In care of accident/injury/emergency, school district procedure will be to contact the parent or guardian at work. If that contact cannot be made, school district personnel will call the physician authorized by the parent or 911, the number for police and medical assistance. In case or severe accident/injury/illness and I cannot be reached, I hereby authorize Dr. \_\_\_\_\_ at \_\_\_\_\_ to give necessary treatment. Doctor's Phone No.

Call this doctor and/or 911 if necessary.

### Good Shepherd Child Care Release Authorization

**The following people are authorized to pick my child up from the Child Care Program.**

\_\_\_\_\_  
Name of Person Relationship to student

\_\_\_\_\_  
Name of Person Relationship to student

\_\_\_\_\_  
Name of Person Relationship to student

I understand that I must send a written not if a person other than those listed above will be picking my child up from Good Shepherd Child Care Program.

\_\_\_\_\_  
Parent or Guardian's Signature

\_\_\_\_\_  
Today's Date