Ascension School 601 W. Van Buren St. Oak Park, IL 60304

EXTENDED DAY PROGRAM

EMERGENCY INFORMATION FORM 2017-2018

Oldest Child _____ _____ _____ _____
(Last Name) **(First Name)** **(Grade)** **(Allergies)**

Siblings:

_____ _____ _____ _____ _____ _____
(First Name) **(Grade)** **(Allergies)** **(First Name)** **(Grade)** **(Allergies)**

DO ANY OF THE CHILDREN HAVE A MEDICAL CONDITION WE SHOULD BE AWARE OF ?

CHILD(REN) _____ **CONDITION** _____

Mother's Name _____ **or Guardian Name**_____

Home Phone ( ) _____ **Mobile Phone ( )**_____

Employer Name:_____ **Address**_____

Business Phone ( )_____

Father's Name _____ **or Guardian Name**_____

Home Phone ( )_____ **Mobile Phone ( )**_____

Employer Name:_____ **Address**_____

Business Phone ( )_____

Physician Name _____ **Phone ( )** _____

I give permission for my child/ren to receive emergency medical treatment.

_____ **(Parent/Guardian Signature)**

In the Event of Illness or Emergency, Whom May We Contact?

Name: _____ **( ) Relative ( ) Friend**

Home Phone ( )_____ **Other Phone ( )**_____

Name: _____ **( ) Relative ( ) Friend**

Home Phone ( )_____ **Other Phone ( )**_____

Name: _____ **( ) Relative ( ) Friend**

Home Phone ( )_____ **Other Phone ( )**_____

LIST SEVERE ALLERGIES_____

_____

DOES YOUR CHILD REQUIRE AN EPI-PEN? _____ **OR INHALER?** _____