

CENTRAL CATHOLIC ELEMENTARY AFTERCARE EMERGENCY INFO

<u>Child's Name- Grade/Teacher</u> (Please note any special instructions for your child if necessary.) 1.

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<u>Mother's Name:</u> Work #: Cell #: Home #:	<u>Father's Name:</u> Work #: Cell #: Home #:
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In the event of serious illness or accident, when I cannot be reached, I wish one of the following to be notified by telephone. They are authorized to act in my absence and they are also authorized to sign for release of my child from aftercare.

Name:	Contact #s:
Name:	Contact #s:

IF ONE OF THE ABOVE CANNOT BE REACHED, I WISH MY CHILD TO BE TAKEN TO THE EMERGENCY ROOM.

The following person(s) MAY NOT check out my child from aftercare_____

Parent Signature_____ Date_____