

Queen of the Rosary School  
Extended Care Program  
Emergency Contact Form

Family Name \_\_\_\_\_  
Mother's Telephone Number \_\_\_\_\_  
Father's Telephone Number \_\_\_\_\_

Child's name along with allergies, chronic conditions and/or health problems\*\*:

- 1) \_\_\_\_\_
- 2) \_\_\_\_\_
- 3) \_\_\_\_\_
- 4) \_\_\_\_\_

\*\*If a child needs regular medication, please inform the Director and make copies of any medical forms that the school office receives.

Please name 2-3 emergency contact persons other than parents:

Name	Cellphone Number	Relationship to child
_____	_____	_____
_____	_____	_____
_____	_____	_____

\*\*\*\*\*

**Release Consent Form**

The following people are authorized to pick up my child/ren. (Please include non-custodial parent if applicable.)

Name	Cellphone Number	Relationship to child
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

I understand that my child/ren will only be released to someone with prior authorization. If someone other than those listed will be picking up my child/ren, I will inform the Extended Care Staff.

\_\_\_\_\_  
Parent or Legal Guardian \_\_\_\_\_ Date