



AUTHORIZATION/EMERGENCY CARD ST. HEDWIG SCHOOL EXTENDED DAY PROGRAM

Name(s) _____

Address _____ City _____ Zip _____

Phones: _____

Mom (Cell)

Dad (Cell)

Home

Mother's Name _____ Employer _____ Work Hours _____

City of Work _____ Work Phone# _____ Live with Child? _____

Father's Name _____ Employer _____ Work Hours _____

City of Work _____ Work Phone# _____ Live with Child? _____

Married _____ Sep/Divorced _____ Other Custody (explain) _____

IMPORTANT MEDICAL INFORMATION

Allergies? _____

Doctor's Name: _____ Phone Number: _____

Denist's Name: _____ Phone Number: _____

In case of illness of emergency list persons to call in order of preference:

Name

City

Phone Number

Relation

Other adults authorized to sign out student(s):

Name

City

Phone Number

Relation
