

OUR LADY OF MERCY EXTENDED DAY PROGRAM

PARENT AUTHORIZATION FOR EMERGENCY TREATMENTS

Date: _____

In consideration of admittance, I/We _____
(Parent/Guardian's full name & address)

_____ hereby authorize the OUR LADY OF MERCY EXTENDED DAY PROGRAM to arrange for
medical examination and/or treatment of my child/ren _____
(full name/s and grade level/s)

_____ Should an emergency arise at the center it is understood that a conscientious effort will be
made by the center to contact us at the emergency numbers I/we have provided below, before
any medical action is taken.

Mother's or Guardian's Signature

Home Phone

Business Phone

Cell Phone

Father's or Guardian's Signature

Home Phone

Business Phone

Cell Phone

**If Applicable, Both Parents Must Sign This Form.

CODE WORD(S): (only one code word for each child)

Authorized alternates to pick up child/ren: *** (must provide a name for emergencies)

Name: _____

Name: _____

Address: _____

Address: _____

Phone: _____

Phone: _____

Relationship to child _____

Relationship to child _____

Anticipated Days for After School Care: _____

Anticipated Pick Up Times: _____

Anticipated Days for Before School Care: _____