

**St. John Fisher School Extended Care
Registration Form
2010-2011 Academic Year**

Student's Legal Name Last, First Middle	Nick name (if applicable)	Sex M/F	Birth Date	Grade	Publicity
					Yes/No
					Yes/No
					Yes/No

Parent/Guardian Information

Last Name	First	Relationship to Student	Home Phone
Address		City	State Zip
Employer	Work Phone	Cellular	
E-mail Address			

Last Name	First	Relationship to Student	Home Phone
Address		City	State Zip
Employer	Work Phone	Cellular	
E-mail Address			

Parent/Guardian Status (circle one) Married / Single / Divorced / Legally Separated / Widowed

Custodial Rights (circle one) Both / Mother / Father / Guardian / Other

List all persons who are authorized to pick up your child/ren from Extended Care

Person authorized to pick up	Phone Number	Relationship to Child

List all food allergies:

Child's Name: _____ Allergies: _____

Child's Name: _____ Allergies: _____

Additional allergies, information or concerns:

Child's Name: _____ Information: _____

Child's Name: _____ Information: _____

An Authorization for Medication form must be completed for any prescription/non-prescription medication. Lifesaving medication ie. Epi-pens & Inhalers need to be checked into the school office and a set for both school and extended care provided. Medication must be transported to and from Extended Care by an adult.

*****Please be aware that we have students with severe peanut allergies*****

Physician's Name: _____ Phone Number: _____

Medical Plan: _____ Policy # _____ Member #: _____

Dentist's Name: _____ Phone Number: _____

Hospital Preference: _____

In case of serious accident, 911 and the parents will be called simultaneously. In case of an emergency when a parents or guardian cannot be reached, I give permission to St. John Fisher School to contact and send the above named child/ren to the persons listed below, or in necessary, to the doctor and/or hospital indicated. I assume full responsibility if my child/ren needs medical attention and assume any ambulance and medical expenses. I also give permission for St. John Fisher School personnel to administer CPR and/or first aid if deemed necessary.

In case of emergency if parents cannot be reached, please list at least 2 relatives or friends that we may call:

Name: _____ Phone: _____ Relationship: _____

Name: _____ Phone: _____ Relationship: _____

Name: _____ Phone: _____ Relationship: _____

IN ORDER TO COMPLY WITH STATE REGULATIONS ALL INFORMATION ON THIS MEDICAL EMERGENCY FORM MUST BE FULLY COMPLETED.

Parent or Guardian Signature

Date