

# Saint Anastasia CARES Program

## Children Are Receiving Extended Services

### EMERGENCY ADDRESS FORM AND SIGNATURE CARD

Child's Name: \_\_\_\_\_

Birth Date: \_\_\_\_\_

Address: \_\_\_\_\_

Telephone: \_\_\_\_\_

Illness or Accident or Leaving Center Premises: In the event of apparently serious illness or accident, when I can not be reached, I wish one of the following to be notified by telephone. They are authorized to act in my absence, and THEY HAVE SIGNED their names on this paper. They may also release my child from the center.

Name	Telephone	Relationship to child
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Name	Telephone	Relationship to child
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The following person(s) **MAY NOT** call for my child:

\_\_\_\_\_  
\_\_\_\_\_

**Doctor's name and telephone.** If one of the above cannot be reached, I wish my child to be taken to the HOSPITAL EMERGENCY ROOM.

YES \_\_\_ NO \_\_\_

I wish any one of the following doctors to be notified:

Name: \_\_\_\_\_

Telephone: \_\_\_\_\_

Name: \_\_\_\_\_

Telephone: \_\_\_\_\_