

OUR LADY OF THE LAKE SCHOOL AND EXTENDED CARE

EMERGENCY INFORMATION 2016-2017

It is extremely important that you complete all areas of this form for the safety and protection of your children. We realize that many of you do not plan to use the Extended Care Program at Our Lady of the Lake, however sometimes unforeseen circumstances arise during the school year necessitating use. Please sign the back of this form.

FAMILY INFORMATION

Children's Last Name _____

Children's Primary Address

Father's Address if different from child's.

Mother's Address if different from child's

HOME PHONE _____

Father's Name (First, Last) _____

Father's Home Ph. if different from above. _____

Father's Wk. Phone _____ Cell _____

Mother's Name (First, Last) _____

Mother's Home Ph. if different from above. _____

Mother's Wk. Phone _____ Cell _____

STUDENT INFORMATION

Last Name	First Name	Birth-date	Grade

PEOPLE AUTHORIZED TO PICK UP YOUR CHILD(REN)

Name	Relationship to student	Phone

In the event of a disaster (earthquake etc.) indicate an out of state name and phone number, which could be used in the event local lines are out of service.

Name	Relationship to student	Phone

Please complete the back of this form.

PEOPLE NOT AUTHORIZED TO PICK UP YOUR CHILD(REN)

Name	Relationship to student	Phone

STUDENT MEDICAL INFORMATION

Name	Date of last tetanus	Allergies, medications, or significant health information.

Family Physician Name _____ Phone _____

Family Dentist Name _____ Phone _____

In the event your physician cannot be reached, will you allow Our Lady of the Lake School/Extended Care to seek whatever medical advice/treatment necessary? This may include calling an ambulance at your expense.

Yes No

INSURANCE INFORMATION

Students must be covered by family insurance upon entering school.

Please fill in the name and policy number of your insurance company.

Name _____ Policy No. _____

Additionally all students are covered by a **supplemental** accident insurance policy provided by the Archdiocese of Portland.

All parents are required to sign below. This is in the event of an emergency or delay in picking up your student after school.

OUR LADY OF THE LAKE EXTENDED CARE REGISTRATION

I do hereby release Our Lady of the Lake and the Archdiocese of Portland in Oregon from any claim, loss or liability arising from my participation in the Extended Care Program conducted on the premises of Our Lady of the Lake Parish. It is further understood and agreed that I hereby authorized Our Lady of the Lake and its agents or employees to secure the necessary services for me in the event of an accident or illness. Further, I will be solely responsible for payment of these services.

Parent Signature _____ Date _____