



ST. PIUS X CATHOLIC SCHOOL
 2016-2017 EXTENDED DAY PROGRAM
 52553 Fir Road – Granger, IN 46530
 Phone: (574) 272-8462

Program Director
 Stacey Willamowski (swillamowski@stpius.net)

Program Administrator
 Elaine Holmes-Principal

MEDICAL FORM

Child's Full Name _____

Birth Date _____

In the event that my child listed above may require medical and/or surgical care while I am out of the city or unable to be reached, I hereby give my consent to medical and/or surgical treatment to _____ hospital and to doctor _____ or his/her designee to provide this care. I agree to pay all the costs and fees contingent on any emergency medical care and/or treatment for my child as secured or authorized under this consent.

Note: We will make every effort to notify parents/guardians immediately in case of emergency.

Medical Information

Allergies (food, medication, bees): _____

Medication: _____

Doctor's Name _____

Phone _____

Address _____

Insurance Company _____

Policy Holder's I.D. _____

 Last Tetanus

This consent will be in effect beginning _____ and continuing while the child is enrolled in the Extended Day Program.

Parent(s)/Guardian Information

_____ Name	_____ Relationship to child	_____ Home Phone	_____ Cell Phone	_____ Email Address
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_____ Employer	_____ Work Phone	Child resides with this person? (Circle) Yes No
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_____ Name	_____ Relationship to child	_____ Home Phone	_____ Cell Phone	_____ Email Address
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_____ Employer	_____ Work Phone	Child resides with this person? (Circle) Yes No
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Signature: _____ Date: _____



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