



Bear Care 2011 - 12 Emergency Information
Page 1 of 2

Child's Name: _____

Child's Name: _____

Child's Name: _____

Parent/Guardian:

Parent/Guardian:

Name: _____

Name: _____

Home phone: (____) _____

Home phone: (____) _____

Work phone: (____) _____

Work phone: (____) _____

Cell: (____) _____

Cell: (____) _____

Parent/Guardian:

Parent/Guardian:

Name: _____

Name: _____

Home phone: (____) _____

Home phone: (____) _____

Work phone: (____) _____

Work phone: (____) _____

Cell: (____) _____

Cell: (____) _____

The child(ren) reside with: _____

Custodial parent: _____

In case of an emergency, who should be called first? _____

Allergies? _____

Peanut butter allergy? _____ Yes _____ No

Other conditions or special needs? _____

Physician's name and phone number: _____



Bear Care Emergency Form 2011 – 12
Page 2 of 2

Emergency Contacts: Please list your emergency contacts in the order that you would like us to call. Calls will only be made in case of an emergency or if your child has not been picked up before 6:00 p.m.

Name	Phone	Relationship
_____	_____	_____
_____	_____	_____
_____	_____	_____

Pick-up List: Those authorized to pick up your child(ren).

Name	Phone	Relationship
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Is there anyone NOT authorized to pick up your child? _____ Yes _____ No
Whom? _____

(Official court/legal documents are required to be filed in the school office.)

Parent/Guardian signature: _____

Parent/Guardian printed name: _____

Date: ____/____/____

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*Holy Family School is a Catholic, educational community which reflects
Christ's presence in our daily thoughts, words and actions.*