



**ST. JOHN INTERPAROCHIAL SCHOOL  
EDC EMERGENCY INFORMATION**

(Please print clearly)

**List those children who will be participating in the EDC Program:**

Child's Name \_\_\_\_\_ Gr/HmRm \_\_\_\_\_

Child's Name \_\_\_\_\_ Gr/HmRm \_\_\_\_\_

Child's Name \_\_\_\_\_ Gr/HmRm \_\_\_\_\_

**ILLNESS OR ACCIDENT OR LEAVING SCHOOL PREMISES:** In the event of apparent serious illness or accident, when I cannot be reached, I wish one of the following to be notified by telephone. They are authorized to act in my absence, and they may also release my child from EDC.

\_\_\_\_\_ Hm.Ph. \_\_\_\_\_ Cell \_\_\_\_\_

Name Address

\_\_\_\_\_ Hm.Ph. \_\_\_\_\_ Cell \_\_\_\_\_

Name Address

**DOCTOR'S NAME AND TELEPHONE:** If one of the above cannot be reached, I wish my child to be taken to the **EMERGENCY HOSPITAL:** \_\_\_\_ Yes \_\_\_\_ No

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

\_\_\_\_\_ Name Ph. # \_\_\_\_\_ Name Ph. #

\_\_\_\_\_ Name Ph. # \_\_\_\_\_ Name Ph. #

The following person(s) **MAY NOT** pick up or call for my child: \_\_\_\_\_

**SPECIAL INSTRUCTIONS:** \_\_\_\_\_

**Parents, please list your telephone numbers that may be used in case of emergency:**

\_\_\_\_\_ Mother's Name Work Ph. Home Ph. Cell

\_\_\_\_\_ Father's Name Work Ph. Home Ph. Cell

\_\_\_\_\_ Date \_\_\_\_\_

Parent Signature