

**HOLY NAME SCHOOL  
EXTENDED CARE PERMISSION FORM  
SCHOOL YEAR 2021-2022**

Child's Name (Please Print) \_\_\_\_\_ Grade: \_\_\_\_\_

Parent/Guardian Name and where parents can be reached between 2:30 and 5:30 p.m.:

\_\_\_\_\_  
Name Phone

\_\_\_\_\_  
Name Phone

In the event that there is an emergency and you cannot be reached, please give the names and numbers of those people authorized to act in your absence. (Phone number needs to be where the person can be reached between 2:30 and 5:30 p.m.).

\_\_\_\_\_  
Name Phone

\_\_\_\_\_  
Name Phone

If no one listed above can be reached, I want my child to be brought to the hospital Emergency Room.

\_\_\_\_\_  
Parent/ Guardian Signature

Child's Physician (Please Print) \_\_\_\_\_

Physician Phone Number \_\_\_\_\_

Medical conditions, treatments and allergies we should be aware of: \_\_\_\_\_

\_\_\_\_\_  
**THIS PERSON(S) MAY NOT CALL FOR OR PICK UP MY CHILD(REN):**

\_\_\_\_\_  
Parent Signature: \_\_\_\_\_ Date: \_\_\_\_\_