

Good Shepherd Regional Catholic School  
Before/After School Eagle's NEST Program Emergency Card and Signature Card

1. Child's Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_ Birth Date: \_\_\_\_\_

Home Address: \_\_\_\_\_ Telephone: \_\_\_\_\_

**ILLNESS OR ACCIDENT OR LEAVING CENTER PREMISES:** In the event of apparently serious 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 have SIGNED their names on this card. They may also release my child from the center. \_\_\_\_\_

2. Name: \_\_\_\_\_ Address: \_\_\_\_\_ Telephone: \_\_\_\_\_

Name: \_\_\_\_\_ Address: \_\_\_\_\_ Telephone: \_\_\_\_\_

The following person(s) **MAY NOT** call for my child:

If one of the above cannot be reached, I wish my child to be taken to the EMERGENCY ROOM ( ) Yes ( ) No

**DOCTOR'S NAME AND TELEPHONE:**

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

Name: \_\_\_\_\_ Telephone: \_\_\_\_\_ Name: \_\_\_\_\_ Telephone: \_\_\_\_\_

**SPECIAL INSTRUCTIONS:**

Parents' BUSINESS ADDRESS & TELEPHONE. The following telephone may be used in case of emergency:

4. Mother's Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_ Bus. Address: \_\_\_\_\_ Bus. Phone: \_\_\_\_\_

Father's Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_ Bus. Address: \_\_\_\_\_ Bus. Phone: \_\_\_\_\_

I hereby give permission for my child to go home by himself and I assume all responsibility for him after he leaves the center. ( ) Yes ( ) No

5. Departure Time: \_\_\_\_\_ 6. Signature: \_\_\_\_\_

Date: \_\_\_\_\_