St. Pius X School E.S.S. Program

Child's Name:_____ Date: _____
Last First Middle

Address: _____

Birth Date: _____ Home Phone:( ) _____

Mother's Name: _____ Phone: _____ _____
Home Work

Father's Name: _____ Phone: _____ _____
Home Work

Where can you be reached during ESS?_____
Employment Phone

People authorized to pick your child up at ESS:

Name: _____ Relationship: _____ Phone: _____

Name: _____ Relationship: _____ Phone: _____

Name: _____ Relationship: _____ Phone: _____

Under NO circumstances will the child be released without permission to someone other than those listed above.

Child's Physician: _____ Phone: _____

Special Medication
Information:_____
_____
_____

Please Notify in Case of Emergency: _____ Phone: _____

I grant permission for the Director or Assistant to take whatever steps are necessary to obtain emergency medical care if warranted when the parents cannot be contacted. I grant permission for my child to take part in all ESS activities under supervision of the Director or Assistant.

Signed: _____ Date_____
Mother

Signed: _____ Date _____
Father

Signed: _____ Date _____
Legal Guardian