

Child's Name: \_\_\_\_\_

***Blessed Sacrament School (ASC) Pick-Up and Release/Emergency Contact and Health Information***

Please list ALL the names of persons who have permission to pick up your child(ren) from our ASC. This includes each parent and others, and their relationship to your child(ren). Only those listed below will be allowed to take your child(ren) from our ASC, unless we have written notification from a parent to allow otherwise. All pertinent information regarding emergency and medication information must be included for your child's enrollment in the ASC. **PLEASE PRINT LEGIBLY.**

**PICK UP/RELEASE**

<u>Names of persons</u>	<u>Relationship to child</u>	<u>Daytime phone contact</u>
_____	_____	_____
_____	_____	_____
_____	_____	_____

**EMERGENCY CONTACT**

<u>Names authorized persons</u>	<u>Relationship to child</u>	<u>Daytime phone contact</u>
_____	_____	_____
_____	_____	_____
_____	_____	_____

**MEDICAL AND HEALTH INFORMATION**

Please state any medical or health issues for our child including the following:

**Does your child require an Epi-pen for Emergency? YES NO** Initial required: \_\_\_\_\_

**To what is your child allergic?**

\_\_\_\_\_  
\_\_\_\_\_

**Family Doctor's contact information:**

\_\_\_\_\_  
Name Daytime phone number

\_\_\_\_\_  
Enrolling Parent's Name (print) and Signature Date