

ST. CLEMENT SCHOOL
21493 Highway 161
Bowling Green, MO 63334-4914
573-324-2166

AFTERCARE PROGRAM
HEALTH AND EMERGENCY INFORMATION

Name of Student _____

Date of birth _____ Social Security Number _____

Parent/Legal Guardian _____

Home Address _____

Home Phone Number _____

Father's Cell Phone _____

Mother's Cell Phone _____

Father's Employer _____ Address _____

Employer's Phone _____

Mother's Employer _____ Address _____

Employer's Phone _____

PLEASE CIRCLE THE FIRST NUMBER TO CALL IN AN EMERGENCY

Persons to contact if parents/guardians are not available or cannot be reached:

1) Name _____ Phone _____

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Names of those authorized to pick up the student (include names of parents, if applicable)

MEDICAL HISTORY for _____
(Name of Student)

Family Doctor _____ Phone _____

Hospital Preference _____ Phone _____

Family Dentist _____ Phone _____

Is the student currently taking any medication? Yes No
If yes, please explain.

Does the student have any medical allergies, especially to drugs? Yes No
If yes, please explain.

Please list any unusual health conditions (i.e. seizure disorder, heart disease, diabetes, lung problems, etc.)

Does the child have any food allergies? Yes No
If yes, please list.

Please list any activities that your child should not participate in because of medical conditions:

Date of last tetanus shot _____

Please provide any additional information that the AfterCare Director should know.

AUTHORIZATION FOR SCHOOL OFFICIALS IN CASE OF EMERGENCY

In case of emergency, we request St. Clement School AfterCare Program contact us. We authorize officials to secure emergency treatment if we cannot be reached. We will assume responsibility for expenses incurred.

Signature of Parent/Guardian _____ Date _____

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The above information will be considered correct for the 2009-10 school year until and unless the parent/guardian notifies St. Clement School AfterCare in writing.