

**St. Peter the Apostle Catholic School  
Extended Care Emergency Contact Card 2016-17**

Student's Name \_\_\_\_\_ Grade: \_\_\_\_\_

Parent/Guardian Name (s) \_\_\_\_\_

***Please list the following phone numbers for emergency purposes:***

Father's Ph.# \_\_\_\_\_ Mother's Ph.# \_\_\_\_\_

***Other contact in case parents cannot be reached:***

Name \_\_\_\_\_ Relationship to student \_\_\_\_\_ Ph.# \_\_\_\_\_

***Besides the parents, the following people have our permission to pick up our child:***

Name \_\_\_\_\_ Relationship to student \_\_\_\_\_ Ph.# \_\_\_\_\_

Name \_\_\_\_\_ Relationship to student \_\_\_\_\_ Ph.# \_\_\_\_\_

Name \_\_\_\_\_ Relationship to student \_\_\_\_\_ Ph.# \_\_\_\_\_

Please list any allergies: \_\_\_\_\_

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

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