



EMERGENCY CARE AND CONTACT FORM

A complete immunization record, signed by your child's physician, must be on file at school BEFORE the first day of class.

Blank forms are available from St. Paul's Day School upon request.

Student's name: _____

Medical – Special health considerations or allergies: _____

Child's Physician's name: _____ Phone: _____

St. Paul's Day School agrees to notify the parent/guardian whenever this child becomes ill, and the parent/guardian agrees to have the child picked up as soon as possible.

The parent/guardian authorizes the school to obtain immediate medical care, at the expense of the parent/guardian, if any emergency occurs when he/she cannot be located immediately.

Please list below the people that are allowed to pick up your child from preschool.

Please let friends and family know that they must provide identification at time of pick-up, so that we may verify their identity. This is for your child's protection.

	Name	Address	Phone Number
1.	_____	_____	_____
	_____	_____	_____
2.	_____	_____	_____
	_____	_____	_____
3.	_____	_____	_____
	_____	_____	_____

Your Signature: _____ Parent or Legal Guardian
(circle one)

Date: _____

BEFORE the first day of school, please sign and mail or deliver to:

St. Paul's Day School Administrator
5486 St. Paul's Road
King George, Virginia 22485