

Magdalen Extension Program
Enrollment/Emergency Release Form - 2009/2010

ONE FORM PER CHILD

I hereby appoint the Magdalen Extended Care Program staff, of lawful age, as my agent & representative for the purpose of authorizing & consenting to hospital care and/or medical care & treatment of

_____ for any illness or injury that may occur while such
First and Last Name of Child

person is in the care or custody of the agent between the dates of August 1, 2009 and May 30, 2010 while I am away, on vacation, or otherwise not immediately available to give such consent.

Mother's Name _____

Home Phone _____ Cell Phone _____

Employer _____ Work Phone _____

Father's Name _____

Home Phone _____ Cell Phone _____

Employer _____ Work Phone _____

Emergency Room Information

Preferred Hospital _____

Student Name _____ Gender _____ Age _____ Grade _____

Date of Birth _____ Date of Last Tetanus _____

Child's Physician _____ Physician's Phone _____

Food Allergies _____ Drug Allergies _____

Authorized Persons for Child Pick-Up

In the event that the parent or guardian is unable to pick up their child, list the name, relationship & phone number of those people who may do so. Please notify us of any changes.

Name	Relationship to Child	Daytime Phone
1. _____	_____	_____
2. _____	_____	_____
3. _____	_____	_____
4. _____	_____	_____

Parent or Guardian Signature _____ Date _____