

**St. Margaret of Scotland Catechesis of the Good Shepherd
Emergency Information Form**

Family Name: _____

Address _____

Home Phone # _____ Mom Cell # _____ Dad Cell # _____

Mother's Name: _____ Father's Name: _____

Guardian's Name (if applicable) _____

Children live with: Both Parents _____ Mother _____ Father _____ Guardian _____

Emergency name and telephone number in case you cannot be reached:

1. _____

2. _____

3. _____

Our goal is to create a safe and healthy environment for your children. The following policies will assist in this effort:

1. If your child is ill, please keep them home so the illness isn't shared with others in the program. Under no circumstances will staff administer medication to children. In the event that your child becomes ill while at the atrium, you will be called and expected to pick-up your child.
2. Please send your child to the program in clothing that will enable him/her to take care of bathroom needs without assistance. In the event of an emergency this will be our policy:
 - We will assist a child that has diarrhea, or has soiled him/her self, while waiting for the parent to arrive. You will be expected to pick up your child as soon as possible, even if the session is nearly over. If your child has repeated accidents (three or more), a meeting will be set up with the parent, catechist, and coordinator to try to resolve the problem.
 - If the child mistakenly wears an outfit to class that prohibits self care in the bathroom, we will assist with buttons and snaps only. The child will be sent home with a note reminding you to send them dressed in appropriate clothing.

If you are in agreement with the above, please sign below:

Mother's signature: _____

Father's signature _____

Other signature (please indicate relationship) _____

****St. Margaret of Scotland ID Request Form**

***Please Fill Out and Bring To Parent Meeting on September 20th or 21st, 2010**

	Childs Name	Class day/time	Level
Child #1:	_____	_____	_____
Child #2:	_____	_____	_____
Child #3:	_____	_____	_____

Family Address: _____

Home Phone: _____
Mom Cell phone _____ **Dad Cell phone:** _____
Emergency phone: _____

Names of **4 designated people INCLUDING PARENTS** who have your permission to pick up your child:

1. _____
2. _____
3. _____
4. _____

DO NOT RELEASE MY CHILD TO: (List any people who, for family/legal reasons, do not have permission to pick up your child)

1. _____
2. _____

Other Children whom I have permission to pick up: (The parents of these children must also list your name as someone who has permission to pick up their children on their form!)

1. _____
2. _____
3. _____
4. _____

Note: Any changes in the above information must be reported to the rectory so an updated ID card can be issued. No child will be released unless the person's name is on the ID form. For a situation where a person other than the one listed on the form must pick up the child, the parent/guardian must contact the rectory by note, or by phone. The temporary designated person must present ID in the rectory PRIOR to picking up the child.