

Madeleine Choir Extended Care 2017-2018

205 1st Ave
Salt Lake City, UT 84103
(801) 323-9850 ext. 110
hpetersen@utmcs.org

REGISTRATION FORM AND EMERGENCY INFORMATION

Child/Children's Last Name: _____

FAMILY INFORMATION

| | | | |
|--------------------|--------------------|----------|---|
| Parent/Guardian #1 | Address, City, Zip | Employer | Home Phone: _____ Work Phone: _____ Cell Phone: _____ Email: _____ |
| Parent/Guardian #2 | Address, City, Zip | Employer | Home Phone: _____ Work Phone: _____ Cell Phone: _____ Email: _____ |

STUDENT INFORMATION

| Child's Name | Sex | Birth date Mo/Day/Yr | Grade 2017-2018 | Precautions/Medications/Allergies |
|--------------|-----|-------------------------|--------------------|-----------------------------------|
| #1 | | | | |
| #2 | | | | |
| #3 | | | | |
| #4 | | | | |

EMERGENCY CARE INFORMATION: List **TWO LOCAL** relatives, neighbors or friends to whom you delegate full authority and temporary care of your child **IF YOU CANNOT BE REACHED IMMEDIATELY.**

| Name | Address | Relationship | Telephone Number(s) |
|------|---------|--------------|---------------------|
| | | | |
| | | | |

In case of an emergency, I **AUTHORIZE THE SCHOOL TO CALL THE PHYSICIAN LISTED OR ANOTHER IF HE/SHE CANNOT BE REACHED AND FOLLOW HIS/HER INSTRUCTIONS.**

| Doctor's Name | Address, City, Zip | Telephone Number |
|---------------|--------------------|------------------|
| | | |

CHOICE OF HOSPITAL: _____

I **AUTHORIZE THE SCHOOL TO CALL AN AMBULANCE, PARAMEDICS, OR FIRE DEPARTMENT, AND TO FOLLOW THEIR INSTRUCTIONS. THE SCHOOL DOES NOT ASSUME RESPONSIBILITY IN THE ABOVE EMERGENCY PROCEDURES USED AND DOES NOT ASSUME PAYMENT FOR MEASURES TAKEN.**

Parent/Guardian Signature: _____ Date: _____

PLEASE COMPLETE THE FORM ON THE REVERSE SIDE

