



St. George Mini School Emergency Record

Name of Child:	Date of Birth:
Allergy:	Home Phone:
Address:	Postal Code:
City:	Province:
Parent/Guardian Name:	Cell Phone:
Address(if different):	Home Phone (if different):
City: Province:	Postal Code:
Employer/School:	Email:
Address:	Phone #:
City: Province:	Postal Code:
Parent/Guardian Name:	Cell Phone:
Address (if different):	Home Phone (if different):
City: Province:	Postal Code:
Employer/School:	Email:
Address:	Phone #:
City: Province:	Postal Code:

Emergency Contacts (We'll always call the parents first before calling any emergency contacts.)

Name:	Relationship:
Home Phone:	Cell Phone:
Name:	Relationship:
Home Phone:	Cell Phone:

Escorts' Info (Who can pick up your child other than the parent/guardian?)

Name:	Relationship:
Home Phone:	Cell Phone:
Name:	Relationship:
Home Phone:	Cell Phone:

Note: If anyone listed is under the age of 16, please complete the Authorization for Youth Escort Form.

Is there anyone strictly forbidden from visiting or picking up by way of Court Order or any other legal actions? **Yes / No**
(Without proof of custody on file, the Centre cannot deny access to any parent.)

Parent's Signature: _____ Date: _____

Supervisor's Signature: _____ Date: _____