



St. Anne School Extended Care

375 Hickory Street * Bethlehem * PA 18017

610-317-6392

Parental Consent Form

Please complete Part 1 or Part 2 of this form

Part 1 - Authorization of Consent

In case of an emergency involving my/our child _____,

and no parent can be reached I/we give our permission or consent to the St. Anne School Extended Care personnel to arrange for my/our child to the Nearest Emergency Room and I/we authorize that the hospital's medical personnel to administer many NECESSARY EMERGENCY MEDICAL CARE.

Parent/ Legal Guardian 1 Signature _____ Date: _____

Parent/Legal Guardian 2 Signature _____ Date: _____

Part 1- NON-Authorization of Consent

I/we DO NOT give our permission or consent for emergency medical treatment for my/our child. In the event of illness or injury requiring treatment, I/we wish the St. Anne School Extended Care personnel to take no action, or, to: _____

Parent/Legal Guardian Signature _____ Date: _____

Parent/Legal Guardian Signature _____ Date: _____

Please see other side 



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Release Authorization

The individuals listed are authorized to pick up my/our child _____ at St. Anne School Extended Care. Siblings *must be* in 7th grade or higher to pick up their brother or sister from St. Anne School: **PLEASE INCLUDE PARENT/LEGAL GUARDIANS IN THIS LIST.**

Please Print Clearly!!

<u>Name</u>	<u>Telephone Number</u>
1. _____	_____
2. _____	_____
3. _____	_____
4. _____	_____
5. _____	_____
6. _____	_____

I hereby understand, that for the protection of my child/children, he or she/they will not be permitted to leave Extended Care with anyone NOT included on the above list. It is my responsibility to notify the staff of additions to or deletions from this list during the school year.

Parent/Legal Guardian Signature _____ Date _____

Parent/Legal Guardian Signature _____ Date _____

