

**Xavier Catholic Schools  
Family Registration  
Summer Care 2018**

<b>Family Last Name</b>				
Child's First Name	Grade	Male	Female	
Allergy:				
Child's First Name	Grade	Male	Female	
Allergy:				
Child's First Name	Grade	Male	Female	
Allergy:				
<b>Parent/Guardian Information</b>				
<b>Mother's Name</b>			<b>Father's Name</b>	
Address			Address	
City	State	Zip	City	State      Zip
Phone: (h)	(w)	(c)	Phone: (h)	(w)      (c)
Do not use "same" to fill in phone numbers			Do not use "same" to fill in phone numbers	
Email:			Email:	
Child lives with:      Both      Mother      Father      Guardian				
<b>Medical Information</b>				
Physician:		Phone:		
Dentist:		Phone:		
<b>Emergency Contacts</b>				
Name:		Phone:	Cell:	
Name:		Phone:	Cell:	
Name:		Phone:	Cell:	
<b>Authorized for Pick Up</b>				
Name:		Phone:	Cell:	
Name:		Phone:	Cell:	
Name:		Phone:	Cell:	
<p>The above information is correct and the child(ren) listed have permission to engage in all activities noted by me. In the event I cannot be reached in an emergency, I hereby give permission to the St. Francis Xavier Catholic Schools Summer Care Coordinator or his/her designee to secure emergency medical services including transportation and a physician. I also give permission to the attending physician to order injection, anesthesia, or surgery for my child(ren) named above in the case of an emergency and I cannot be reached. I release from medical responsibility and liability the hospital, medical authorities, physicians and St. Francis Xavier Catholic Schools Summer Care for performing medical procedures acting on my authority of this medical treatment consent form which are deemed necessary for my child(ren). Furthermore, I release XCS Summer Care Program from liability of any injuries that may occur.</p>				
Signature of Parent/Guardian			Date	
_____			_____	