



**St. Isaac Jogues School
Latchkey Program
Child Information Card**

Name of Child:	Name of Parents:
Allergies, if any:	Address: (# and street)
Child's Date of Birth:	City State Zip
Child Lives With:	Address: (if different from above)
Person to Notify in Case of Emergency:	Phone #:
Name and Phone Number of Person(s) other than Parent to which child may be released:	
1.	
2.	
3.	
I hereby give permission to St. Isaac Jogues Latchkey Program to secure emergency medical and/or emergency medical treatment for the above named minor child while in care. Non-emergency medical treatment or elective surgery is not included in this authorization.	
Name of Child's Physician of Health Clinic:	Hours: Phone Number:
Address:	
Hospital preferred for Emergency Care:	Health Insurance Info.: