

**Saint James School
Basking Ridge, New Jersey**

2011-2012 Medical History Form for After School Care Program

Child's Name _____ Grade _____

Address _____

Street

City

State

Zip Code

Home Phone __ (____) _____ DOB _____

Mother's Name _____

Cell Phone # __ (____) _____ Work Phone # __ (____) _____

Father's Name _____

Cell Phone # __ (____) _____ Work Phone # __ (____) _____

Medical History:

Allergies (include allergies to particular medicines, foods and insects):

List any limits to student's physical activity:

**Saint James School
Basking Ridge, New Jersey**

After School Care Program

2011-2012 PERMISSION FORM

I, _____, give Saint James School

After School Program permission to release my child,

_____.

to _____, who resides

at _____.

The person's phone number is _(_____)_____.

This release may take place when I am unable to pick my child up from the Saint James School After School Care Program at the time of its closing. Such releases may require that my child be transported to the above residence.

Signed: _____

Date: _____

Alternate Pick-up person #2 _____

Address _____

Phone Number _(_____)_____

**Saint James School
Basking Ridge, New Jersey**

2011-2012 EMAIL NOTIFICATION

Please provide us with an email address/es that you can be reached if our school should close due to inclement weather or an emergency. You may provide us with multiple emails.

Child's Name _____ Grade _____

If you have any questions, please feel free to contact us.