

Saint Francis of Assisi School

**850 Washington Street
Braintree, MA 02184**

Phone (781) 848-0842

Fax (781) 356-5309

www.sfab.org

Extended Day Program
Emergency Contact Information

Name of student _____ Date of birth _____

Parent/Guardian #1

Name: _____ Relationship _____

Address: _____

Home# _____ Work# _____

Cellphone#: _____

Parent/Guardian #2

Name: _____ Relationship _____

Address: _____

Home# _____ Work# _____

Cellphone#: _____

Doctor: _____ Phone: _____

Dentist: _____ Phone: _____

Emergency Contacts and/or Pickup:

<u>NAME</u>	<u>RELATIONSHIP TO CHILD</u>	<u>PHONE#</u>
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1. _____

2. _____

3. _____

MEDICAL AND BEHAVIOR FORM

Medical History/ medications: (optional)

Allergies:

Please list any behaviors in which the staff should be aware of:

When your child is upset how does he/she react?

What is the best way to calm your child down when they are upset?

On the lines below please feel free to elaborate if there is anything else the staff should know in order to better meet your child's needs.
