



**St. Andrew Academy
After School Care Program**

7724 Columbine Drive Louisville, Kentucky 40258 (502) 935-4578 ext. 239

PARENTAL EMERGENCY MEDICAL CONSENT FORM
Escort Form

Child's Name: _____

Parent/Guardian

Name Relationship to Child

Home Address Home Phone Cell Phone

Employer Work Phone

Name Relationship to Child

Home Address Home Phone Cell Phone

Employer Work Phone

Other Emergency Escorts

Name Relationship to Child

Home Address Home Phone Cell Phone

Employer Work Phone

Name Relationship to Child

Home Address Home Phone Cell Phone

Employer Work Phone