

**ST. CAJETAN SCHOOL**

To: Before & After School Care Parent  
From: Maureen Panatera, ASC Coordinator  
Date: August, 2016



For your child’s safety and protection, we would like to know, in advance, when to expect your child to attend Before & After School Care. Therefore, each Friday we expect to see an envelope with dates for care marked for the following week with the payment enclosed.

If an unexpected need arises, simply call the school office at 773-474-7820 so they may inform us to expect your child. Also, if you have scheduled your child for certain days and your needs change, please notify the school office immediately so the Before & After School staff can be advised your child will not be in attendance.

Thank You!

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**Authorization for Medical Treatment for Before & After School Care**

In the event that the undersigned, or my (our) authorized physician, cannot be reached, and in the judgment of the responsible person accompanying the group or other appropriate staff/volunteer member, there is a necessity for immediate examination and/or treatment of my (our) child, I hereby authorize any of the aforementioned personnel to obtain for my (our) children such medical services are deemed necessary.

Name of Child \_\_\_\_\_

Medical Insurance Company \_\_\_\_\_

Insurance Number \_\_\_\_\_

Name of Physician \_\_\_\_\_

If your child/children have any medical/health problems, please advise:

\_\_\_\_\_  
\_\_\_\_\_

Parent/Guardian Signature \_\_\_\_\_ Date: \_\_\_\_\_