



Holy Cross Elementary School  
Titan's After-School Club (TAC)  
Emergency Form

CONFIDENTIAL

Personal Information:

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

Personal Health Care Number \_\_\_\_\_

Grade \_\_\_\_\_

Contact Information:

Contacts	Contact numbers
Home	
Mother's name	
Mother's cell phone	
Mother's work	
Father's name	
Father's cell phone	
Father's work	
Emergency Contact Name:	
Family Doctor Name:	



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Allergies:

Does your child have any allergies?  Yes  No

Does your child have an epipen?  Yes  No

\* Please note: Your child **MUST** have their epipen with them during all TAC sessions

Please list:

Allergy	Reaction	Treatment

If you have any questions or concerns, please feel free to contact me.

**Mrs. Anna Auld**  
*Head Teacher*  
*Learning Resource Coordinator*  
*TAC Program Coordinator*