



Angel C.A.R.E.  
Our Lady of Grace  
666 Albin Ave.  
W. Babylon, NY 11704  
631-587-3485

**EMERGENCY FORM**  
**THIS FORM MUST BE NOTARIZED**

Emergency Plan:

If your child is ill while in the care of Our Lady of Grace Angle C.A.R.E. Program, but does not require emergency treatment, you will be contacted at: HOME—WORK (circle one).

If your child requires emergency medical care, the following procedures will be followed :  
You will be called immediately. If we cannot reach you:

Your child's family doctor will be called at:

NAME \_\_\_\_\_

ADDRESS \_\_\_\_\_

Phone # \_\_\_\_\_

If the doctor is not available, your child will be taken to the nearest hospital emergency room for treatment.

**EMERGENCY RELEASE FORM**

I hereby give my consent to an adult caretaker representing Our Lady of Grace Church to authorize medical, surgical, and/or dental treatment including hospitalization for my child \_\_\_\_\_ should it be necessary while my child is in the care of the Our Lady of Grace Angel Care Program.

Parent Signature \_\_\_\_\_

Date \_\_\_\_\_

Witness (Notary) \_\_\_\_\_

Date \_\_\_\_\_