

## EMERNGENCY INFORMATION

Name of child (Last, First, Middle Initial	Name of Parents
Allergies, if any	Address (street, city, zip code)
Child's date of birth	Home Phone
1.Parent's location when child's at HP (Employer, school, etc.)	Hours of Employment and Phone Number
2.Parent's location when child's at HP (Employer, school, etc	Hours of Employment and Phone Number

**PERSON OTHER THAN PARENT TO BE NOTIFIED IN EMERGENCY SITUATION WHEN PARENT IS NOT AVAILABLE**

<b>Name</b>	<b>Phone Number</b>
Address ( street, city, zip code)	

**NAMES OF PERSONS OTHER THAN PARENT TO WHOM CHILD MAY BE RELEASED**

1.	2.
3.	4.

**Any medical conditions, if any:**

**I hereby give permission to HIGHLAND PARK AFTER-SCHOOL to secure medical and/or emergency surgical treatment for the above named minor child while in care.**

<b>Signature of Parent or Guardian</b>		<b>Date Signed</b>	
<b>Name of child's Physician or Health Clinic</b>	<b>Phone Number</b>		
Address (street, city, zip code)	<b>Office Hours</b>		
<b>Hospital Preferred for Emergency Treatment</b>	<b>Health Insurance Policy Name and Number</b>		