

AFTER SCHOOL PROGRAM
Emergency Form

Student Name _____ Grade ___ Teacher _____

Address _____ Home Tel. _____

_____ Zip _____ Date of Birth _____

Student's Social Security# _____

Mother _____ Employer _____

Wk# _____ Cell Phone# _____ Beeper# _____

Father _____ Employer _____

Wk# _____ Cell Phone# _____ Beeper# _____

Please list a **CODE WORD** that only the people authorize to pick your child up will know.
CODE WORD _____

List 2 neighbors or relatives who will assume temporary care of your child if you cannot be reached.

Name _____ Relationship _____ Tel.# _____

Name _____ Relationship _____ Tel.# _____

In case of serious accident or illness, I request the school to contact me. If the school is unable to reach me, I hereby authorize the school to call the physician, and the school may make whatever arrangements seem necessary. In case of hospitalization, please indicate the hospital preferred _____.

Physician _____

Student's Insurance
Company _____ Policy# _____

List Allergies or other Medical Conditions _____

May Tylenol/Acetaminophen be given? ___ Yes ___ No.

May Ibuprofen be given? ___ Yes ___ No

Signature of Parent or Guardian _____ Date _____

AFTER SCHOOL PROGRAM

If you have more than one student attending, please list individually.

Student _____ Teacher _____

Check days needed:

	Monday	Tuesday	Wednesday	Thursday	Friday
Extended Day					
Combined					
After School Activity					

Student _____ Teacher _____

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	Monday	Tuesday	Wednesday	Thursday	Friday
Extended Day					
Combined					
After School Activity					

Student _____ Teacher _____

Check days needed:

	Monday	Tuesday	Wednesday	Thursday	Friday
Extended Day					
Combined					
After School Activity					

PARENT/GUARDIAN SIGNATURE _____ DATE _____