



# 2007-08 EMERGENCY/MEDICAL FORM

**\*\* IMPORTANT INFORMATION \*\***

- Only one child per form. Make copies if needed.
- PLEASE FILL OUT FORM COMPLETELY & MAIL.

**Child's Name:** \_\_\_\_\_Birth Date: \_\_\_\_/\_\_\_\_/\_\_\_\_ Age: \_\_\_\_\_ Sex:  M  F

School that child attends: \_\_\_\_\_ Fall Grade 2008: \_\_\_\_\_

**#1 LEGAL GUARDIAN:**\_\_\_\_\_  
MAIN CONTACT NAME ONLY Relationship to Child: \_\_\_\_\_

Address: \_\_\_\_\_

Hm Ph: ( \_\_\_\_\_ ) \_\_\_\_\_ City: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP: \_\_\_\_\_  
Wk Ph: ( \_\_\_\_\_ ) \_\_\_\_\_

Cell Ph/Pager: ( \_\_\_\_\_ ) \_\_\_\_\_ Drivers License #: \_\_\_\_\_

Employer: \_\_\_\_\_ Employer Address: \_\_\_\_\_

Days of Work: S M T W R F S Hrs of Work: \_\_\_ to \_\_\_ Social Security #: \_\_\_\_\_

Marital Status:  Single  Married  Divorced  Remarried  Widowed  Separated**#2 LEGAL GUARDIAN:**\_\_\_\_\_  
Relationship to Child: \_\_\_\_\_

Address: \_\_\_\_\_

Hm Ph: ( \_\_\_\_\_ ) \_\_\_\_\_ City: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP: \_\_\_\_\_  
Wk Ph: ( \_\_\_\_\_ ) \_\_\_\_\_

Cell Ph/Pager: ( \_\_\_\_\_ ) \_\_\_\_\_ Drivers License #: \_\_\_\_\_

Employer: \_\_\_\_\_ Employer Address: \_\_\_\_\_

Days of Work: S M T W R F S Hrs of Work: \_\_\_ to \_\_\_ Social Security #: \_\_\_\_\_

Marital Status:  Single  Married  Divorced  Remarried  Widowed  Separated**MEDICAL/EMERGENCY INFORMATION**

Does your child have any allergies, developmental habits, special needs or any other factors critical to the child's well being that may require medications, assistance or accommodations in conjunction with his/her ability to participate in this program? If so, please explain.

\_\_\_\_\_  
Physician: \_\_\_\_\_ Ph: ( \_\_\_\_\_ ) \_\_\_\_\_ Address: \_\_\_\_\_**REQUIRED!** List two people other than Legal #1 and Legal #2 from above authorized to be contacted and/or pick-up your child in case of an emergency. **Needs to be available and close at all times.**

Name: \_\_\_\_\_ Relation: \_\_\_\_\_

Address: \_\_\_\_\_

Hm Ph: ( \_\_\_\_\_ ) \_\_\_\_\_ Wk Ph: ( \_\_\_\_\_ ) \_\_\_\_\_

Name: \_\_\_\_\_ Relation: \_\_\_\_\_

Address: \_\_\_\_\_

Hm Ph: ( \_\_\_\_\_ ) \_\_\_\_\_ Wk Ph: ( \_\_\_\_\_ ) \_\_\_\_\_

I acknowledge that the above information is correct. Further, I understand and agree that it is my responsibility to notify Afterschool Club, in writing, of any changes to this information.

**Legal Guardian Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_