



2008-09 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 - 2009: _____

#1 LEGAL GUARDIAN:

_____ Relationship to Child: _____

MAIN CONTACT NAME ONLY

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:** _____