



2008 EMERGENCY/MEDICAL FORM

PLEASE PRINT

***** IMPORTANT INFORMATION *****

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

Child's Name: _____



Birth Date: ____/____/____ Age: _____ Sex: M F

School that child attends: _____ Fall Grade 2008: _____

Is your child attending Summer School? Yes No If so, which school? _____

#1 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

#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 to pickup your child in case of an emergency. **Needs to be available and nearby at all times.**

Name: _____ Relation to child: _____

Address: _____

Hm Ph: (_____) _____ Wk Ph: (_____) _____

Name: _____ Relation to child: _____

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:** _____