Extended Day Care Emergency Form
2010-2011

Mark One: ☐ Drop-In ☐ Full Time

Name: _____ Birth Date: _____ Enrollment Date: _____

Home Address: _____ ZIP: _____Home Phone: _____

Student Lives with: Both Parents☐ Mother☐ Father☐ Other☐ Students Grade: _____Sex : _____

Father/ Guardian's Name: _____Cell #: _____

Employer: _____ Work Phone #: _____

Mother/ Guardian's Name: _____Cell #: _____

Employer: _____ Work Phone #: _____

Persons designated to pick up child:

	Name	Relationship	Work/Home Phone	Cell
1.				
2.				
3.				

Persons who may be called in case of illness or emergency if parent cannot be reached:

	Name	Relationship	Work/Home Phone	Cell
1.				
2.				

Child's Physician: _____ Phone: _____

Describe any pertinent social information or special needs of the child:

Describe any physical or medical problems of the child, i.e. seizures, asthma, diabetes, allergies, heart disease, respiratory illness, drug reaction, speech difficulties, etc.:

Give instructions for the care of the above mentioned problems:

In case of serious emergency or illness, when a parent cannot be reached immediately, I hereby authorize the childcare giver to obtain emergency medical care, i.e. physician, dentist, paramedics or other authorized emergency agents.

_____ Date: _____

Signature of Parent or Guardian