

Extended Day Care Emergency Form

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.

Signature of Parent or Guardian

Date: _____