



After School Care – Emergency Contact Information

Child's Name: _____ Grade: _____

Parent/Guardian: _____

Cell Phone: _____ Work Phone: _____

Parent/Guardian: _____

Cell Phone: _____ Work Phone: _____

The following contacts are authorized to pick-up my child from after school care and may be called in case of an emergency if parent/guardian is unable to be reached by school personnel.

Name: _____ Relationship: _____

Phone Number: _____

Name: _____ Relationship: _____

Phone Number: _____

Name: _____ Relationship: _____

Phone Number: _____

MEDICAL CARE

Physician: _____ Phone Number: _____

Dentist: _____ Phone Number: _____

Preferred Hospital: _____

ALLERGIES

ASTHMA ___YES ___NO

CARRIES INHALER ___YES ___NO

CARRIES EPI-PEN ___YES ___NO