

# After School Care Program

## Emergency Form

Family Name \_\_\_\_\_

Child's Name \_\_\_\_\_ Grade \_\_\_\_\_

Child's Name \_\_\_\_\_ Grade \_\_\_\_\_

Child's Name \_\_\_\_\_ Grade \_\_\_\_\_

Child's Name \_\_\_\_\_ Grade \_\_\_\_\_

Child's Name \_\_\_\_\_ Grade \_\_\_\_\_

Home Address: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Email Address: \_\_\_\_\_

Mother's Name: \_\_\_\_\_ Father's Name: \_\_\_\_\_

Mother's Work Phone: \_\_\_\_\_ Father's Work Phone: \_\_\_\_\_

Mother's Cell Phone: \_\_\_\_\_ Father's Cell Phone: \_\_\_\_\_

Emergency Names: List adults we may call if neither parent can be reached in case of an emergency. (This includes early closings of ASCP due to inclement weather)

Names \_\_\_\_\_ Phone \_\_\_\_\_ Relation to child \_\_\_\_\_

Names \_\_\_\_\_ Phone \_\_\_\_\_ Relation to child \_\_\_\_\_

Names \_\_\_\_\_ Phone \_\_\_\_\_ Relation to child \_\_\_\_\_

WE WILL NOT RELEASE A CHILD TO ANYONE WHOSE NAME DOES NOT APPEAR ON THIS FORM. IF AT A LATER DATE YOU WISH TO ADD OR DELETE NAMES FROM THE LIST YOU MUST DO SO IN PERSON. PHONE CONTACT DOES NOT APPLY.

Please indicate any allergies or other concerns we should be aware of

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Parent's Signature \_\_\_\_\_ Date \_\_\_\_\_