

AFTER SCHOOL CARE PROGRAM CONTACT/EMERGENCY FORM

Name of Student: _____

Grade _____ Homeroom Teacher: _____

Address of Student: _____

Home phone : _____ Cell phone: _____

Mother's name _____ Cell phone: _____

Work Number: _____ Home phone: _____

Father's name: _____ Cell phone: _____

Work Number: _____ Home phone: _____

Persons authorized to pick up student from program: _____

Physician's Name and Phone number: _____

Dentist's Name and Phone number: _____

Hospital Preference: _____

Please list any medical conditions: _____

Date

Signature of Parent