



2016- 2017 After School Program
Emergency Contact Form

Student's Name _____ Age _____

Home Address _____

Telephone _____ Secondary Number _____

What classroom are they in? _____

Who is authorized to pick up your student?

<u>Name</u>	<u>Relationship</u>	<u>Best Contact Phone Number</u>
_____ / _____	_____ / _____	_____ / _____
_____ / _____	_____ / _____	_____ / _____
_____ / _____	_____ / _____	_____ / _____
_____ / _____	_____ / _____	_____ / _____
_____ / _____	_____ / _____	_____ / _____

Emergency Information

Name _____ Relationship _____

Emergency Contact #1 _____ / _____

Work _____ Cell _____ Home _____

Emergency Contact #2 _____ / _____

Work _____ Cell _____ Home _____

Doctor: _____ Phone _____

Dentist: _____ Phone _____

Life Threatening Allergies _____

Other Allergies _____

Health Insurance Company _____

Health insurance Policy # _____

Medical Emergencies I give permission for _____ (print child's name) to participate in activities held at Victory Academy as part of the Afterschool Program. In a emergency if I cannot be reached, I grant permission for my child to receive emergency medical treatment and to be transported to the hospital if deemed necessary. I agree to pay all medical bills not covered by the insurance company listed resulting from injuries incurred in these programs.

Signature _____ **Date** _____