



2017-2018 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

	<u>Name</u>	<u>Relationship</u>
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** _____