

PICKUP INFORMATION for _____ (child's name)

Please list the individuals who may pick up your child from the afternoon Extended Care Program. A photo ID may be required for pickup.

Name: _____ Relationship to child: _____

Address: _____ Phone: _____

Name: _____ Relationship to child: _____

Address: _____ Phone: _____

Name: _____ Relationship to child: _____

Address: _____ Phone: _____

Name: _____ Relationship to child: _____

Address: _____ Phone: _____

EMERGENCY INFORMATION for _____ (child's name)

Please list the numbers that you would like us to call in an emergency. Please include parents' phone numbers to call in an emergency as well.

1. Name: _____ Phone: _____

Relationship to child: _____

2. Name: _____ Phone: _____

Relationship to child: _____

3. Name: _____ Phone: _____

Relationship to child: _____

4. Name: _____ Phone: _____

Relationship to child: _____

Please list any medical conditions or allergies that your child has:

List of medications that your child is currently taking:

Child's physician: _____ Phone: _____