

## Permission for Emergency Care/Medical Information Extended Day Program 2010-2011

Name of Student \_\_\_\_\_ Grade \_\_\_\_\_

Teacher/Class \_\_\_\_\_ Address \_\_\_\_\_

Father/Guardian's Name \_\_\_\_\_

Work Phone ( ) \_\_\_\_\_ Cell Phone ( ) \_\_\_\_\_

Address \_\_\_\_\_ Home Phone ( ) \_\_\_\_\_

Mother/Guardian's Name \_\_\_\_\_

Work Phone ( ) \_\_\_\_\_ Cell Phone ( ) \_\_\_\_\_

Address \_\_\_\_\_ Home Phone ( ) \_\_\_\_\_

Physician's Name \_\_\_\_\_ Physician's Phone ( ) \_\_\_\_\_

Child's Food Allergies \_\_\_\_\_

Child's Allergies to Medicine \_\_\_\_\_

Child's Outstanding Medical History (Ex. Diabetes, heart disease, contact lenses, hearing aids, etc.)  
\_\_\_\_\_

Medications Child is Taking \_\_\_\_\_ Date of last Tetanus Shot \_\_\_\_\_

Insurance Company \_\_\_\_\_ Policy Number \_\_\_\_\_

Persons **NOT** authorized to pick up child from school \_\_\_\_\_  
(Please attach appropriate paperwork)

**Emergency Contacts:** *(To be called to pick up the child if parent/guardian cannot be reached. Please list two)*

1. Name \_\_\_\_\_ Driver's License #. or SSN \_\_\_\_\_

Address \_\_\_\_\_

Relation to Child \_\_\_\_\_ Home Phone ( ) \_\_\_\_\_ Work Phone ( ) \_\_\_\_\_

2. Name \_\_\_\_\_ Driver's License #. or SSN \_\_\_\_\_

Address \_\_\_\_\_

Relation to Child \_\_\_\_\_ Home Phone ( ) \_\_\_\_\_ Work Phone ( ) \_\_\_\_\_

**I agree to pick up my sick or injured child in a timely manner when contacted. If I cannot be reached, the above emergency contacts can be called to pick up my child. Additionally, if I cannot be contacted in an emergency, the School/Extended Day Program, has my permission to take my child to the emergency room of the nearest hospital and I hereby authorize its medical staff to provide treatment which a physician deems necessary for the well-being of my child.**

\_\_\_\_\_  
Signature of Parent/Guardian Date \_\_\_\_\_