

After-School Program Student Emergency Contact Sheet

Please complete all sections of this form to ensure the safety of your child during the after-school program. This sheet will be kept on file for emergency purposes.

Student Information

Student Full Name:	<input type="text"/>
Date of Birth:	<input type="text" value="MM/DD/YYYY"/>
Grade Level:	<input type="text"/>
Homeroom Teacher:	<input type="text"/>
Known Allergies / Medical Conditions:	<input type="text"/>
Regular Medications:	<input type="text"/>

Primary Emergency Contact (Parent or Guardian)

Full Name:	<input type="text"/>
Relationship to Student:	<input type="text"/>
Primary Phone Number:	<input type="text"/>
Secondary Phone Number:	<input type="text"/>
Email Address:	<input type="text"/>
Home Address:	<input type="text"/>

Secondary Emergency Contact

Full Name:	<input type="text"/>
Relationship to Student:	<input type="text"/>
Primary Phone Number:	<input type="text"/>
Secondary Phone Number:	<input type="text"/>
Email Address:	<input type="text"/>

Authorized Pickup Persons (Other than Parents/Guardians)

Please list individuals authorized to pick up the student from the program.

Authorized Person 1 Name	Relationship to Child	Phone Number
<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>

Medical Consent and Signatures

In the event of an emergency, I authorize the After-School Program staff to obtain necessary medical treatment for my child if the contacts listed above cannot be reached.

Parent/Guardian Signature (Printed):	<input type="text"/>
Written Signature:	<input type="text" value="Sign on printed sheet"/>
Date:	<input type="text" value="MM/DD/YYYY"/>