

AFTERSCHOOL CARE EMERGENCY SHEET

Child's Name : _____ Grade : _____

Parents' Names : _____

Home Address : _____

Home Telephone Number : _____

Mother's Work Number : _____

Father's Work Number : _____

**** If a parent cannot be reached, please fill in the names of two other people who may be called in case of an emergency.

Person's Name : _____ Relationship: _____

Phone Number : _____

Person's Name : _____ Relationship: _____

Phone Number : _____

Doctor's Name : _____ Telephone # _____

Dentist's Name : _____ Telephone # _____

Hospital Preference : _____

Allergies / Special Needs / Medical Information : _____

Parent's Signature: _____ Date: _____