

**North Middlesex Regional School District
Before and After School Program
Please fill out a separate emergency form for each child.**

Child's Name: _____ M/F Date of Birth: _____

Address: _____ City: _____ State: _____ Zip: _____

Home Phone: _____ Grade: _____ Child Resides with: _____

1. Parent's Name: _____ Cell: _____ Marital Status: _____

E-Mail Address: _____ Occupation: _____ Work #: _____

2. Parent's Name: _____ Cell: _____ Marital Status: _____

E-Mail Address: _____ Occupation: _____ Work #: _____

EMERGENCY INFORMATION

PLEASE LIST EMERGENCY TELEPHONE NUMBERS FROM 7:00 A.M. TO 6:00 P.M.

PLEASE PROVIDE NAMES OTHER THAN PARENT NAMES.

Contact Name: _____ Relationship: _____ Phone: _____

Contact Name: _____ Relationship: _____ Phone: _____

Name of Physician: _____ Phone: _____

List any medical concerns and/or allergies: _____

Medical Insurance Provider: _____ Policy #: _____

If I cannot be reached and the Before and After School Program authorities have followed the procedures described in the parent handbook, I agree to assume all expenses for transporting and medically treating my child. I also hereby consent to any treatment, surgery, diagnostic procedures, or the administration of anesthesia, which may be carried out based on the medical judgment of the attending physician. I understand that a current medical form must be on file with the Before and After School Program within thirty (30) days of enrollment.

PARENT RELEASE

I hereby give permission for the following adults to pick-up the above named child. No other adult may pick up my child without prior written consent. Unless specified below, either parent may pick-up the child. Adults who are picking up child(ren) need to go to a Before and After School Program staff member to sign out the child(ren).

1. _____ 2. _____

3. _____ 4. _____

5. _____ 6. _____

Parent's Signature: _____ Date: _____