

**XYZ After School Program
Emergency Card**

Site: _____

Child's Name: _____ Date of Birth: _____ Age: _____ Sex: _____
(Last) (First)

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

Parent/Guardian: _____ Day Phone: _____ Evening Phone: _____

Parent/Guardian: _____ Day Phone: _____ Evening Phone: _____

Name of 2 (TWO) alternative friends or relatives who can be contacted in case Parent/Guardian cannot be reached:

1. Name: _____ Day Phone: _____ Evening Phone: _____

2. Name: _____ Day Phone: _____ Evening Phone: _____

Physician to be called in an Emergency:

Name: _____ Address: _____

Phone: _____

Medical Insurance Carrier: _____ ID # _____

Medi-Cal # _____ Hospital used in Emergency: _____

Allergies/Medical Limitations:

Current Medications: _____ Dosage: _____ Time(s) Given: _____

_____ Dosage: _____ Time(s) Given: _____

I VERIFY that the information on my child, _____, is complete and accurate. I understand that reasonable measures will be taken to safeguard the health and safety of all participants and that I will be notified as soon as possible in the event of an emergency. In the event of an emergency, if I cannot be reached, I hereby authorize transportation to a medical facility and/or calling my child's physician at my expense, to provide the necessary emergency medical treatment of my child.

Parent/Guardian Signature: _____ Date: _____