

PTA AFTER-SCHOOL ACTIVITIES - EMERGENCY FORM

Please submit ONE COPY of this form for **EACH CLASS** and ONE ADDITIONAL COPY for our main office file
To insure the safety and well being of your child, it is important that you supply us with the information below in
the event that emergency medical care is needed or last minute cancellations/changes to your child's class.
If this form is not received by the start date, your child may not participate in any PTA after-school activity.

PLEASE PRINT LEGIBLY! If we cannot read your writing, we cannot contact you.

CHILD'S NAME: _____

Child's Date of Birth: _____ Grade: _____ Teacher: _____

Home Address: _____

Home Phone: _____

Mother's Email Address: _____ ***** PLEASE PRINT CLEARLY *****

Father's Email Address: _____ ***** PLEASE PRINT CLEARLY *****

PARENT'S NAME AND CONTACT INFORMATION

Mother's Name: _____

Daytime #: _____ Cell or Alt #: _____

Father's Name: _____

Daytime #: _____ Cell or Alt #: _____

PERSON AUTHORIZED TO PICK UP YOUR CHILD

Name: _____ Relationship to Child: _____

Home #: _____ Cell or Alt #: _____

CHILD'S PHYSICIAN

Name: _____ Phone #: _____

PERSON TO BE CONTACTED IN THE CASE OF AN EMERGENCY IF PARENTS CANNOT BE REACHED

Name: _____ Relationship to Child: _____

Home #: _____ Cell or Alt #: _____

Does your child have ANY ALLERGIES or MEDICAL CONDITIONS? (Circle) YES or NO

If YES, What Allergies/Conditions? _____

What symptoms should the instructor look for? _____

Does your child need an epi-pen in the event of a serious reaction? (Circle) YES or NO

If yes, where is it kept? _____

*****PLEASE NOTE: The nurse's office is closed during the after-school activity programs. We do not have access to medications left with the school nurse during this program. If your child needs an epi-pen, our staff is trained to administer this medication. Therefore, it must be accessible to them if it becomes necessary to use it.*****

What should be done if symptoms appear (e.g. phone parent, EMS, Benadryl, epi-pen)? _____

I hereby give permission for the PTA after-school activity teachers to contact my child's physician to seek emergency medical treatment for my child in the event that I cannot be contacted immediately and agree to assume financial responsibility for any necessary medical treatment for my child.

Parent's Signature _____ Print Name _____ Date: _____