

Emergency Contact Form

Child's Name: _____ Birth Date: _____

Parent/Guardian 1: _____

Home Address: _____

Home Phone: _____ Cell Phone: _____

Work Phone: _____

Parent/Guardian 2: _____

Home Address: _____

Home Phone: _____ Cell Phone: _____

Work Phone: _____

IF ABOVE PERSONS ARE NOT AVAILABLE: Contact information of persons to whom the child may be released

Contact 1: _____ Relationship: _____

Address: _____ Phone: _____

Contact 2: _____ Relationship: _____

Address: _____ Phone: _____

PARENTAL CONSENT STATEMENT: The information on this form will be used in emergency situations. Program personnel, employees, health service staff, will have this information in the event of an emergency. If at any time due to such circumstances as accident, sudden illness, or emergency, and medical treatment is required, this card will be given to the necessary personnel including a private physician, hospital, or medical personnel. I give permission to Under The Canopy to make whatever emergency measures as judged necessary for the care and protection of my child while under the supervision of The Outdoors After School Program. In case of medical emergency, I understand that the use of local emergency unit for treatment, at my expense, will transport my child if the local emergency resource (police, rescue squad) deems it necessary. In the event of accidental ingestion, I understand that Under The Canopy will contact the Poison Control Center. I give my permission for the staff to administer Syrup of Ipecac to my child if directed by the Poison Control Center. I hereby authorize the program to act on my behalf in case of an emergency.

Signature of Parent/Guardian _____

Date _____