



AFTER SCHOOL PALS - Emergency Form

Child's Name

Child #1 _____
Last First Middle

Child #2 _____
Last First Middle

Address _____
Number Street City Zip code

Home Phone () _____

	Name	Date of Birth	School	Grade
Child #1	_____	_____	_____	_____
Child #2	_____	_____	_____	_____

Does your child(ren) have any hobbies or pets?

Child #1 _____

Child #2 _____

Does your child(ren) have a 504, I.E.P., or receive additional help at school? If so, please explain.

Child #1 _____

Child #2 _____

Does your child(ren) have any allergies? If yes, please list them below.

Child #1 _____

Child #2 _____

Does your child(ren) take any medication*? If yes, please explain.

Child #1 _____

Child #2 _____

*If your child will be taking any medication at After School Pals, a medication release form must be signed.

(OVER)

Employment information in case of emergency

FATHER

Name _____

Occupation _____

Business Phone _____

Cell Phone _____

Marital Status _____ (optional)

MOTHER

Name _____

Occupation _____

Business Phone _____

Cell Phone _____

These individuals have your permission to pick-up your child(ren).

In case of emergency please call:

Name

Name

Relationship

Relationship

Phone

Phone

If I cannot be reached or there is insufficient time to contact me, I give my consent to the Village of Orland Park Recreation and Parks Department in the event of any accident or emergency to seek and procure whatever emergency care or treatment deemed reasonably necessary at the time.

Parent's Signature

Date

The family doctor and his phone is: _____

We (I) agree to the permission stated above, and we agree to pay for medical bills arising from such treatment. Our insurance carrier is: _____

Please list below people and their relationship who may be picking up your child(ren), excluding yourself. List others on another sheet of paper and submit with this registration form.

Name

Relationship

Number of days attending	_____	_____	_____	_____
	2	3	4	5

I have read and understand the discipline policies and procedures outlined in the After School Pals Parent Guide.

Signature

Date