

**EMERGENCY CONTACT/ PARENTAL CONSENT FORM
TROJAN LEARNING CENTER / AFTER SCHOOL PROGRAM**

CHILD'S NAME _____ BIRTHDATE _____ AGE _____ SEX: _____

SCHOOL: JOHNSTOWN MIDDLE SCHOOL GRADE: _____

CHILD'S ADDRESS _____ ZIP CODE _____

MOTHER'S NAME/LEGAL GUARDIAN _____

ADDRESS _____ ZIP CODE _____

PHONE _____ CELL PHONE _____ WORK PHONE _____

FATHER'S NAME/LEGAL GUARDIAN _____

ADDRESS _____ ZIP CODE _____

PHONE _____ CELL PHONE _____ WORK PHONE _____

EMERGENCY CONTACT PERSON(S) NAME & PHONE

1. NAME _____ PHONE: _____

2. NAME _____ PHONE: _____

LIST NAMES TO WHOM CHILD MAY BE RELEASED

1. NAME _____ PHONE _____

2. NAME _____ PHONE _____

NAME OF CHILD'S PHYSICIAN/MEDICAL CARE PROVIDER _____ PHONE _____

ADDRESS _____

SPECIAL DISABILITIES (IF ANY) _____

ALLERGIES (INCLUDING MEDICATION REACTION) _____

MEDICAL OR DIETARY INFORMATION NECESSARY IN AN EMERGENCY SITUATION _____

MEDICATION, SPECIAL CONDITIONS _____

ADDITIONAL INFORMATION ON SPECIAL NEEDS OF CHILD _____

HEALTH INSURANCE COVERAGE & POLICY NUMBER (REQUIRED) _____

CIRCLE ONE FOR PARENTAL CONSENT:

PARENT SIGNATURE REQUIRED BELOW

OBTAINING EMERGENCY MEDICAL CARE: YES / NO PHOTO CONSENT: YES / NO

ADMIN. OF MINOR FIRST AID PROCEDURES: YES / NO AGREE TO DISCIPLINE POLICY: YES / NO

WALKS AND FIELD TRIPS: YES / NO PERMISSION TO WALK HOME YES / NO

TRANSPORTATION BY THE FACILITY : YES / NO

SWIMMING AND WADING: YES / NO

PARTICIPATION IN SPECIAL EVENTS WILL BE DETERMINED BY BEHAVIOR AND ATTENDANCE.

SIGNATURE OF PARENT OR GUARDIAN _____

PLEASE NOTIFY FACILITY WHEN ANY CHANGES ARE MADE

ALL INFORMATION MUST BE COMPLETED FOR ELIGIBILITY

