

Kay Waters  
After School Care Manager  
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Trussville City Schools  
Community Education After School Care  
EMERGENCY INFORMATION

2008-2009 School Year  
Paine Intermediate School  
Program Supervisor: 205.228.3032

Child's Name \_\_\_\_\_ Name called \_\_\_\_\_

Date of Birth \_\_\_\_\_ Present Age \_\_\_\_\_ Sex \_\_\_\_\_ (H) Phone \_\_\_\_\_

Child's Grade \_\_\_\_\_ Approximate time child will be picked up \_\_\_\_\_  
(2007-2008 School Year)

Address \_\_\_\_\_

Mother: Name \_\_\_\_\_ Occupation \_\_\_\_\_ Work Hours \_\_\_\_\_

Home Phone \_\_\_\_\_ Work Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_

Father: Name \_\_\_\_\_ Occupation \_\_\_\_\_ Work Hours \_\_\_\_\_

Home Phone \_\_\_\_\_ Work Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_

Doctor's name & phone number in emergency \_\_\_\_\_

Nearest relative or neighbor to contact in emergency if parents cannot be reached:

Name \_\_\_\_\_ (H)Phone \_\_\_\_\_ (W)Phone \_\_\_\_\_

Name \_\_\_\_\_ (H)Phone \_\_\_\_\_ (W)Phone \_\_\_\_\_

Persons authorized to pick up child. *(Child can only be picked up by persons on this list.)*

Name \_\_\_\_\_ Relationship \_\_\_\_\_

Name \_\_\_\_\_ Relationship \_\_\_\_\_

Additional persons living or working in home: (include siblings)

\_\_\_\_\_ Name & Age \_\_\_\_\_ Name & Age \_\_\_\_\_ Name & Age \_\_\_\_\_

Allergies \_\_\_\_\_ Fears \_\_\_\_\_

Any health problems? \_\_\_\_\_ Medication required? [ ]Yes [ ]No

Medication taken regularly \_\_\_\_\_

Relate any information which you think would be of help to the staff. \_\_\_\_\_

\_\_\_\_\_  
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