

**TRUSSVILLE CITY SCHOOLS  
AFTER SCHOOL CARE  
EMERGENCY INFORMATION**

Child's Name \_\_\_\_\_ Preferred Name \_\_\_\_\_

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

Child's Grade \_\_\_\_\_ Email Address \_\_\_\_\_  
(For Upcoming 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 \_\_\_\_\_

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

List any and all health problems \_\_\_\_\_

List any and all medication \_\_\_\_\_

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

\_\_\_\_\_

\_\_\_\_\_

Persons authorized to pick up student (other than parent/legal guardian). Student can only be picked up by the persons listed below, and said person(s) must have a photo id:

Name _____	Relationship _____
Name _____	Relationship _____
Name _____	Relationship _____
Name _____	Relationship _____
Name _____	Relationship _____
Name _____	Relationship _____
Name _____	Relationship _____
Name _____	Relationship _____
Name _____	Relationship _____
Name _____	Relationship _____