

**TRUSSVILLE CITY SCHOOLS
AFTER SCHOOL CARE
VITAL INFORMATION CARD**

S T U D E N T	Legal Name (Last, First, MI)	Sex	Race	Whom to call, in an emergency, when the parents cannot be reached: Name _____ Relationship _____ Address _____ Telephone (H) _____ (W) _____	
			Birthdate (M/D/Y) / /		
M O T H E R		Home Street Address		Home Phone	Work Phone
	Employed By:			Cell Phone	Emergency Number
F A T H E R		Home Street Address		Home Phone	Work Phone
	Employed By:			Cell Phone	Emergency Number

Student Lives With :

Child may be released to:

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

Insurance Information

As the parent or guardian, I understand that this Trussville Community Education Program, as part of the Trussville City School System, does not provide insurance coverage on my child and cannot therefore be held responsible for medical costs resulting from injuries incurred during participation in this program. **I understand that I must have my own medical/health insurance to participate in the After School Care Program and provide a copy of my current insurance card.**

_____ Policy Holder _____ Name of Carrier _____ Policy Number _____

Medical Release (to be completed by parent/guardian)

I, _____, being the parent/guardian of _____, give permission for school personnel if I cannot be reached in case of medical emergency, I authorize After School Care Program officials to proceed as follows: [] Call Emergency Personal [] Call family physician; [] Take child to any licensed physician, hospital, or clinic; [] Other desired procedures: _____

Signature of Parent/Guardian _____ Date _____

List child's allergies: _____ List medication _____

Parent's Initials _____

I release the Trussville City Schools After School Care Program, its agents and employees from any and all damages or injuries that may be incurred during the After School Care Program. Parent's Initials _____

I certify that the information I have provided herein is accurate.

Parent's/Guardian's Signature _____ Date _____