

**Days Off School Care Program
2018-19
Emergency Information Form**

Child's Name: _____ Gender: _____

Address: _____

City: _____ Zip Code: _____ Age: _____

Home Phone: () - Birth Date: / / Grade: _____

In the event of an emergency, make first call to: () - _____

Parent/Guardian: _____ Relationship: _____

Marital Status: Single: _____ Married: _____
Separated: _____ Divorced: _____

Child Lives with: Mother: _____ Father: _____
Both: _____ Other: _____

Mother's Name: _____ Cell Phone: () - _____

Employer: _____ Work Phone: () - _____

Father's Name: _____ Cell Phone: () - _____

Employer: _____ Work Phone: () - _____

In case of Emergency Contact (Other than Parents):

	<u>Name</u>	<u>Address</u>	<u>Phone #</u>	<u>Relationship</u>
1.	_____	_____	_____	_____
2.	_____	_____	_____	_____
3.	_____	_____	_____	_____

MEDICAL INFORMATION

Physicians Name: _____ Phone: () - _____

Allergies or Special Medical Problems: _____

Is your child taking any special medication? If YES, please state the name of medication and reason for taking it:

PICK-UP INFORMATION

People allowed to pick up my child.

- 1. _____ Phone #: () - _____
- 2. _____ Phone #: () - _____
- 3. _____ Phone #: () - _____
- 4. _____ Phone #: () - _____
- 5. _____ Phone #: () - _____

People not permitted to pick up my child.

- 1. _____ Phone #: () - _____
- 2. _____ Phone #: () - _____
- 3. _____ Phone #: () - _____
- 4. _____ Phone #: () - _____
- 5. _____ Phone #: () - _____

Parent Signature: _____ Date: _____

*** Please complete and submit this form to Front Desk Staff before first day attending.***

Please contact Lisa Semetko, Recreation Supervisor at (630)238-4920 or Isemetko@bensenvilleparkdistrict.org with any questions or concerns.