

Kids' Club After School Program

Quick Emergency Form

<i>Necessary Information</i>	<i>Quick Info</i>
Child's Name	
Birth date	Text
Parent/Guardian Information	
Names	
Phone Numbers	
Address	
Contact info during KC hours	
2 Emergency Contacts	
Names	
Phone Numbers (respectively)	
Pick Up List	
Name/Phone Number	
Name/Phone Number	
Name/Phone Number	
Name/Phone Number	
Name/Phone Number	
Name/Phone Number	
Medical Care Provider	
Name	
Phone Number	
Address	
Dental Care Provider	
Name	
Phone Number	
Address	
Health	
Allergies	
Other Health Conditions	
Date of Last Physical Exam	
Date of Last Dental Exam	
Medications Currently Taking	

I have read the Kids Club After School Program Family Handbook (found for download on our website: kidsclubafterschool.org) and agree to its policies.

Parent/Guardian Signature: _____ Date: _____