

**CUSD 200 Before and After School Program
Health and Emergency Contact Form**

Child's Name _____ Date of birth _____

Nearest relative or friend who will take charge of your child(ren), if necessary:

Name _____ phone number _____

Name _____ phone number _____

Child's physician _____ phone number _____

Does your child have any health concerns? Yes _____ No _____

If yes, please describe:

List any medications given to your child regularly _____

List any known food allergies _____

List any foods your child cannot eat _____

Please list below other individuals who are authorized to pick up your child(ren).

Name _____ Relationship _____

Address _____ Phone _____

Name _____ Relationship _____

Address _____ Phone _____

Name _____ Relationship _____

Address _____ Phone _____

I do hereby authorize the Before and After School Program to release my child(ren) to above listed persons in the event that I am unable to pick them up.

Parent/ Guardian Signature _____ Date _____