

Extended Learning Programs: Emergency Information

21st CCLC: Upperman High School

Student name _____ Birthdate _____ Grade _____

CIRCLE days of attendance (afternoons): M T W R F

Parent/Guardian Information

Mother's Name _____ Home Phone _____ Cell Phone _____

Address _____ Zip Code _____

Employer _____ Work Phone _____

Father's Name _____ Home Phone _____ Cell Phone _____

Address _____ Zip Code _____

Employer _____ Work Phone _____

Emergency Contact (authorized to act for parent/guardian in the event of an emergency)

Name _____ Home Phone _____ Cell Phone _____

Address _____ Zip Code _____

Employer _____ Work Phone _____

Student's physician (in case of emergency and parent/guardian cannot be reached) _____

Phone # _____ Address: _____

*Medical conditions and/or Food allergies _____

Is the above information on file with the school nurse and/or cafeteria? YES NO

**I authorize the ELP personnel to arrange emergency medical care for my student in the event that I cannot be reached.*

*Parent/Guardian Signature _____ Date _____

Area(s) student needs assistance. Please check all that apply.

Mathematics _____ Reading _____ Language Arts _____ Science _____ Social Studies _____

Other (Please specify) _____

IN THE EVENT THE AFTERSCHOOL PROGRAM IS CANCELLED ON ANY AFTERNOON DUE TO WEATHER CONDITIONS, IDENTIFY THE BEST WAY TO GET IN TOUCH WITH SOMEONE WHO CAN TELL YOUR STUDENT HOW TO GET HOME.

My student can be *photographed* and/or *videotaped* for publicity purposes. YES NO

*Parent/Guardian Signature _____ Date _____

TRANSPORTATION CONTACT INFORMATION

Student's Name _____

Transportation: Mark your choice below and complete the requested information.

_____(1) **Parent/Guardian Pick-up** (A parent/guardian must sign his/her student out of the afterschool program each day unless permission has been granted for the student to walk home.)

All persons to whom student MAY be released:

Name _____ Phone _____ Relationship _____

Name _____ Phone _____ Relationship _____

Name _____ Phone _____ Relationship _____

All persons to whom student MAY NOT be released:

Name _____ Name _____

_____(2) **Bus rider** Parent/Guardian _____

Address where student lives _____

Phone Number _____

*My student, _____ is **10 years old or older** and has my permission to walk home from the bus stop. I understand that I am responsible for the safety of my student from the time the student departs the bus.

_____(3) **Walker** Middle and high school students (10+ years old) may be permitted to walk home at the completion of the program each day if parents file a letter with the site coordinator stating that their student is to walk home at 5:15pm and the parent/guardian will accept responsibility for the safety of their student once they depart from the program.

***Parent/Guardian Signature** _____ *Date* _____