

WEY CARE PROGRAM
WEYMOUTH PUBLIC SCHOOLS

BSP: M__T__W__TH__F__
ASP: M__T__W__TH__F__
DROP-IN: AM__PM__

EMERGENCY INFORMATION CARD

20__ TO 20__ SCHOOL__ GRADE__

NAME__ HOME PHONE__

HOME ADDRESS__ ZIP__

PARENT 1__ WORK PHONE__ CELL PHONE__

PARENT 2__ WORK PHONE__ CELL PHONE__

CHILD RESIDES WITH: __

PARENTS EMAIL: __

IN CASE OF EMERGENCY

1. DOES YOUR CHILD HAVE ANY KNOWN ALLERGIES OR SPECIAL MEDICAL PROBLEMS?

A. ALLERGIES: __

B. MEDICATIONS: __

C. SPECIAL MEDICAL PROBLEMS: __

D. PHYSICAL: __

2. ADDITIONAL REMARKS THAT MAY BE HELPFUL TO THE PROGRAM__

IF NEITHER PARENT CAN BE REACHED, PERMISSION IS GRANTED TO CALL THE FOLLOWING WHO WILL ASSUME RESPONSIBILITY FOR THE CARE OF THE CHILD. THESE CONTACTS SHOULD HAVE A LOCAL ADDRESS AND BE AVAILABLE DURING PROGRAM HOURS. YOUR CHILD WILL NOT BE RELEASED TO ANYONE THAT IS NOT ON THIS CONTACT SHEET.

1. NAME__ RELATIONSHIP__

ADDRESS__ PHONE__

2. NAME__ RELATIONSHIP__

ADDRESS__ PHONE__

3. NAME__ RELATIONSHIP__

ADDRESS__ PHONE__

4. NAME__ RELATIONSHIP__

ADDRESS__ PHONE__

5. NAME__ RELATIONSHIP__

ADDRESS__ PHONE__

SIGNATURE OF PARENT OR GUARDIAN__ DATE__