



**EMILY
DICKINSON
PTSA**

supporting, enriching, advocating

After School Emergency Form

Child's First Name: _____ **Last Name:** _____

Date of Birth: ___/___/___ **Teacher:** _____ **Grade:** _____ **Room #:** _____

Parents or Guardian's Name(s): _____

Address: _____ **Home Phone #:** _____

Mother's Work Phone # _____ **Father's Work Phone#:** _____

Mother's Cell# _____ **Father's Cell Phone#:** _____

Person(s) authorized to pick up your child / Emergency Contacts: (Person must show picture I.D.)

Name: _____ Relationship: _____ Phone#: _____

Name: _____ Relationship: _____ Phone#: _____

Name: _____ Relationship: _____ Phone#: _____

Name: _____ Relationship: _____ Phone#: _____

Student lives with: ___ Father ___ Mother ___ Step Parents ___ Foster ___ Legal Guardian ___ Other

Primary Language: English Other: _____

Family Health Care: Physician's Name: _____ Phone #: _____

Address: _____

Health Insurance: Provider: _____ Phone #: _____

Policy #: _____

Does Dickinson PTSA programs have permission to use photos of your child in educational or promotional materials? Yes: ___ No: ___

Permission for medical treatment: I, the parent/guardian of _____
Give permission for any necessary emergency medical treatment while he/she is attending the program.

 **Parent or Guardian's Signature:** _____ **Date:** _____