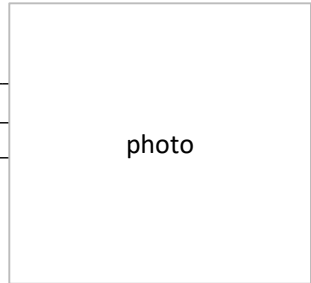


**First Aid and Emergency Medical Care Authorization and Consent**

Child's name \_\_\_\_\_ Date of birth \_\_\_\_\_

Address \_\_\_\_\_ Height \_\_\_\_\_ Weight \_\_\_\_\_

City \_\_\_\_\_ School \_\_\_\_\_ Grade \_\_\_\_\_



I understand that the After School Club staff are trained in the basics of first aid and CPR, and I authorize them administer basic first aid and/or CPR to my child when appropriate. I understand that every effort will be made to contact me in the event of an emergency requiring medical attention for my child. However, if I cannot be reached, I hereby authorize the After School Club to transport my child to the nearest medical facility or to Leahy Clinic and to secure necessary medical treatment for my child.

Child's physician's name: \_\_\_\_\_ Phone number: \_\_\_\_\_

Address: \_\_\_\_\_

N/A or **\*Child's allergies that require an EPI Pen:**  bees  foods \_\_\_\_\_  
\*Must attach completed **Individual Health Care Plan** and **Medication Consent Form** before your child can attend.

N/A or **\*Child's chronic health conditions:**  
 lactose intolerance (requiring meds)  seizures  asthma  resulting from allergy to \_\_\_\_\_  
 diabetes  other \_\_\_\_\_  exercise induced  
 seasonal

\*Must attach completed **Individual Health Care Plan** and **Medication Consent Form** before your child can attend.

N/A or **Child's other allergies:**  amoxicillin  penicillin  sulfa  other \_\_\_\_\_  
reaction \_\_\_\_\_ our response should be \_\_\_\_\_

N/A or **Prescription medications:**  # \_\_\_\_\_ puffs of \_\_\_\_\_  every 4 hours as needed or  15 min. before exercise  
My child takes: \_\_\_\_\_ mgs. of \_\_\_\_\_, \_\_\_\_\_ times/day, at \_\_\_\_\_ a.m./ \_\_\_\_\_ p.m. / \_\_\_\_\_ p.m.  
My child takes: \_\_\_\_\_ mgs. of \_\_\_\_\_, \_\_\_\_\_ times/day, at \_\_\_\_\_ a.m./ \_\_\_\_\_ p.m. / \_\_\_\_\_ p.m.

**Emergency contacts & those authorized to pick up your child:** (please number the order in which you want us to call)

# Parent/Guardian's name: \_\_\_\_\_ (H#) \_\_\_\_\_ (C#) \_\_\_\_\_ (W#) \_\_\_\_\_

# Parent/Guardian's name: \_\_\_\_\_ (H#) \_\_\_\_\_ (C#) \_\_\_\_\_ (W#) \_\_\_\_\_

# Name: \_\_\_\_\_ Relationship to child \_\_\_\_\_  
Address: \_\_\_\_\_ Daytime Phone #: \_\_\_\_\_

# Name: \_\_\_\_\_ Relationship to child \_\_\_\_\_  
Address: \_\_\_\_\_ Daytime Phone #: \_\_\_\_\_

# Name: \_\_\_\_\_ Relationship to child \_\_\_\_\_  
Address: \_\_\_\_\_ Daytime Phone #: \_\_\_\_\_

# Name: \_\_\_\_\_ Relationship to child \_\_\_\_\_  
Address: \_\_\_\_\_ Daytime Phone #: \_\_\_\_\_

# Name: \_\_\_\_\_ Relationship to child \_\_\_\_\_  
Address: \_\_\_\_\_ Daytime Phone #: \_\_\_\_\_

I authorize the After School Club to release my child to the persons **numbered** above to act on my behalf in an **emergency** in the event that I cannot be reached. These persons will show staff proper identification before my child will be released. It is my responsibility to keep all information current.

I (or one of the designees above) will pick up my child at the After School Club by closing time.  
I agree to call ASC if someone other than the designees above will be picking up my child.

Child's health insurance coverage: \_\_\_\_\_ Policy # \_\_\_\_\_

**TRANSPORTATION PLAN**

On school days, my child will arrive at the After School Club by **(check one)** (rev. 3/15/2021)

- School bus drop off
- I will bring my child or provide my own transportation
- From Kennedy - School bus drop off at the Boyd Rd. bus stop & walk unaccompanied up the ASC driveway into the building

On vacation days,  
 I will provide transportation to and from ASC via one of the above designees.

valid for one year

I have read, understand and agree to the above.

Signature of parent/guardian: \_\_\_\_\_ Date: \_\_\_\_\_