

WHCS ASA CARE EMERGENCY FORM

ONE FORM PER CHILD

Family Last Name: _____

Child's First Name: _____ Grade: _____

Expected time of pickup: _____

Telephone Number Where You Can Be Reached During Program:

- 1. _____
- 2. _____
- 3. _____

Emergency Contact Person's Name and Telephone

- 1. _____
- 2. _____
- 3. _____

Medical Facts We Should Be Aware Of: (Explain)

Signature of Parents/Guardians: _____ Date: _____

Signature of Parents/Guardians: _____ Date: _____