Extended Care Emergency Contact Information and Consent Form

Child's Name: _____ Birth Date: _____
Address: _____
Child's Name: _____ Birth Date: _____
Address: _____
Child's Name: _____ Birth Date: _____
Address: _____
Child's Name: _____ Birth Date: _____
Address: _____

Parent/Guardian Name: _____
Telephone: Home_____ Work_____ Cell_____
Parent/Guardian Name: _____
Telephone: Home_____ Work_____ Cell_____

Emergency Contacts (to whom the child(ren) may be released if guardian is unavailable)

Name #1:_____Relationship:_____
Phone Numbers: Home_____ Work_____ Cell_____
Name #2: _____ Relationship: _____
Phone Numbers: Home_____ Work _____ Cell_____

Children's Preferred Sources of Medical Care

Physicians Name: _____
Address: _____ Telephone: _____
Hospital Name: _____

Parent/Guardian Consent and Agreement

As parent/guardian, I consent to have my child receive first aid by school staff and, if necessary, be transported to receive emergency care. Hospital assignment is at the sole discretion of the Aurora Fire Department. I will be responsible for all charges not covered by insurance. I consent for the emergency contact person listed above to ACT ON MY BEHALF until I am available. I agree to review and update this information whenever a change occurs or every school year.

Child's Health Insurance

Insurance Plan: _____ ID #: _____
Subscriber's Name: _____
Special Conditions, Disabilities, Allergies, or Medical Emergency Information
_____

Furthermore, I agree to pay the extended daycare fees weekly. I understand that a $10 late fee will be assessed until payment is made. Two consecutive missed payments may result in removal from the program. There is a $50 late fee if my child(ren) is/are picked up after 5:30 PM. The $25 registration fee is nonrefundable. For any problems, I will contact the Extended Daycare Supervisor.

_____ _____

Parent/Guardian Signature Date