



ASK US



AFTER SCHOOL KIDS UNDER SUPERVISION, INC EMERGENCY CONTACT/MEDICAL FORM

SCHOOL BUILDING: _____

CHILD'S NAME: _____ DATE OF BIRTH: _____ GRADE: _____

ADDRESS: _____

MOTHER'S NAME _____

FATHER'S NAME _____

MOTHER'S EMPLOYMENT _____

FATHER'S EMPLOYMENT _____

PHONE # _____ CELL # _____

PHONE # _____ CELL# _____

If illness or an emergency arises, list names of relatives and/or neighbors the ASK US program may contact if parent(s) are not available. Transportation of the sick child is to be arranged by parent(s) or person named below.

NAME: _____

NAME: _____

ADDRESS: _____

ADDRESS: _____

PHONE #: _____

PHONE#: _____

PHYSICIAN TO BE CALLED IN EVENT OF AN EMERGENCY:

NAME: _____ ADDRESS: _____ PHONE#: _____

DOES YOUR CHILD HAVE ANY SPECIAL HEALTH PROBLEMS? _____

IF YES, PLEASE EXPLAIN: _____

YES ____ NO ____ ASK US is authorized to seek emergency medical treatment and arrange for emergency transportation to the hospital for your child

PARENT/GUARDIAN SIGNATURE _____ DATE: _____

IMPORTANT – CONTINUED ON OTHER SIDE FOR ANY FOOD – RELATED SPECIAL NEEDS

FOOD – RELATED SPECIAL NEEDS FORM

Please list the foods that your child may not have, check reason(s) why, and describe the allergic reaction (if applicable).

1. Food _____
____ minor allergy ____ serious allergy ____ parent preference ____ religious reason ____ drug interaction ____ other
Please describe the child's typical reaction to this food: _____
Must this food be avoided in all forms and/or in even small amounts (for example, if your child is allergic to eggs, is it ok to have a baked product that contains a small amount of egg such as a cookie?) _____

2. Food _____
____ minor allergy ____ serious allergy ____ parent preference ____ religious reason ____ drug interaction ____ other
Please describe the child's typical reaction to this food: _____
Must this food be avoided in all forms and/or in even small amounts (for example, if your child is allergic to eggs, is it ok to have a baked product that contains a small amount of egg such as a cookie?) _____

3. Food _____
____ minor allergy ____ serious allergy ____ parent preference ____ religious reason ____ drug interaction ____ other
Please describe the child's typical reaction to this food: _____
Must this food be avoided in all forms and/or in even small amounts (for example, if your child is allergic to eggs, is it ok to have a baked product that contains a small amount of egg such as a cookie?) _____.

Does your child require the use of emergency medication * in the event of a severe allergic reaction? _____ Yes _____ No

*If checked yes, a written medical consent form must be completed and accompanied by medication in it's original container and as prescribed by your child's physician.

Parent/Guardian Signature _____

Date _____