

2016-2017 Whitefish Bay School Days Out/ Early-Release

Health History/Emergency Care Plan

Enrollment Information

Child's Name: _____

School: _____ Grade: _____ Email Address: _____

Home Address: _____

Parent/Guardian: _____ Relationship: _____

Employer: _____ Work Phone: _____

Home Phone: _____ Cell Phone: _____

Parent/Guardian: _____ Relationship: _____

Employer: _____ Work Phone: _____

Home Phone: _____ Cell Phone: _____

Authorized Pick Up (Proper I.D. required at pick up)

Name: _____ Relationship _____

Home/Work Phone: _____ Cell Phone: _____

Name: _____ Relationship _____

Home/Work Phone: _____ Cell Phone: _____

Special Accommodations Needed: (In order to provide the best care and a safe environment for all children, we need to ensure that our resources match our student's needs)

Emergency Information

Primary/Emergency Contact:

Name: _____ Relationship _____

Home/Work Phone: _____ Cell Phone: _____

Additional Emergency Contact:

Name: _____ Relationship _____

Home/Work Phone: _____ Cell Phone: _____

Health History

Allergies _____

Medications: _____

Doctor's Name: _____ Phone: _____

I give the Before and After School Staff permission to seek medical attention for my child in case of emergency.

Parent/Guardian Signature Date