

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