

**ACA AFTER SCHOOL DAY CARE**  
**EMERGENCY CONTACT FORM**

CHILDS NAME \_\_\_\_\_ GRADE 2017-2018 \_\_\_\_\_

DOB \_\_\_\_\_ HOME PHONE \_\_\_\_\_

MOTHERS NAME \_\_\_\_\_ CELL \_\_\_\_\_

PLACE OF EMPLOYMENT \_\_\_\_\_ WORK \_\_\_\_\_

FATHERS NAME \_\_\_\_\_ CELL \_\_\_\_\_

PLACE OF EMPLOYMENT \_\_\_\_\_ WORK \_\_\_\_\_

PERSON(S) TO BE CONTACTED IN CASE OF AN EMERGENCY

1. \_\_\_\_\_ RELATION \_\_\_\_\_

2. \_\_\_\_\_ RELATION \_\_\_\_\_

AUTHORIZATION IS GIVEN TO ACA STAFF TO RELEASE MY CHILD TO THE FOLLOWING:

1. \_\_\_\_\_ RELATION \_\_\_\_\_

2. \_\_\_\_\_ RELATION \_\_\_\_\_

LIST ANY ALLERGIES OR MEDICAL CONDITIONS; \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

CAN YOUR CHILD BE GIVEN TYLENOL? \_\_\_\_\_ YES \_\_\_\_\_ NO

PARENT/GUARDIAN SIGNATURE \_\_\_\_\_

DATE \_\_\_\_\_