 Sample [PTA NAME] Enrichment Program Emergency Form

Child’s first and last name: Date of birth: / / Teacher: Grade: Room #:

Parent or guardian name(s):

Address: Home phone: Parent or guardian work phone: Cell phone: Second parent or guardian work phone: Cell phone:

Person(s) authorized to pick up your child /emergency contacts. Person must show a picture I.D.

Name: Relationship:

Phone:

Name: Relationship:

Phone:

Name: Relationship:

Phone:

Name: Relationship:

Phone: Student lives with:

* Father ☐ Mother ☐ Step-parents ☐ Foster ☐ Legal Guardian ☐ Other Primary language: ☐ English ☐ Other (specify):

Physician’s name: Phone: Address:

Health insurance provider: Phone #: Policy #:

Do [PTA name] programs have permission to use photos of your child in educational or promotional materials? ☐ Yes ☐ No

**Permission for medical treatment:**

I, [parent/guardian name], give permission for any necessary emergency medical treatment while he/she is attending the program.

Parent/Guardian’s signature: Date: