



**Union Public Schools
Extended Day Program Emergency & Contact Information**

MUST BE COMPLETED IN FULL

If there is a restraining order and/or custody order preventing one parent from having access to the child(ren), a copy will need to be on file with Union Public Schools Extended Day Program for compliance.

SIGN IN SHEETS: Parents/guardians must sign their child(ren) in each morning and out at the end of each day at the EDP site. There will be no exceptions to this rule.

EDP School Site: _____

STUDENT'S NAME:

First	Last	Birthdate	Sex: M F	Grade
First	Last	Birthdate	Sex: M F	Grade
First	Last	Birthdate	Sex: M F	Grade

PERSONS AUTHORIZED TO PICK UP STUDENT (Other than parent or guardian listed on enrollment form):

First	Last	Relationship to Child	Work Phone #	Cell Phone #	Home Phone #
First	Last	Relationship to Child	Work Phone #	Cell Phone #	Home Phone #
First	Last	Relationship to Child	Work Phone #	Cell Phone #	Home Phone #

PERSONS TO CONTACT IN EMERGENCY SHOULD PARENT OR GUARDIAN BE UNAVAILABLE:

First	Last	Relationship to Child	Work Phone #	Cell Phone #	Home Phone #
First	Last	Relationship to Child	Work Phone #	Cell Phone #	Home Phone #
First	Last	Relationship to Child	Work Phone #	Cell Phone #	Home Phone #

PHYSICIAN/CLINIC: _____

Name	Address	City	State	Zip	Phone #
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DENTIST: _____

Name	Address	City	State	Zip	Phone #
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HOSPITAL PREFERENCE: _____

HEALTH: Does the student have any chronic medical condition necessitating medication or avoidance of allergies?
 Yes No

If yes, please specify: _____ Special attention required: _____

Medication release form needed? Yes No

A medication form must be signed and on file with the EDP site office for meds to be given to your child(ren).

AUTHORIZATIONS:

I hereby authorize any licensed physician or medical center to treat my child in case of an emergency in which the above named physician cannot respond.

Signature: _____ Date: _____

Extended Day Personnel: _____ Date: _____