

Application for ASK or SFC

Name of Child _____ Birthdate _____

Name of Parents or Person placing the child

Name _____

Address _____

Phone: Work and Cell _____

Place of Employment _____

Other person or persons to notify if the parents cannot be reached

Name _____ Phone _____

Name _____ Phone _____

Child's Physician
_____ Phone _____

Does your child have any allergies? If so please explain _____

Does your child have any medical problem we need to know about _____?

Emergency Medical Care

This authorizes After School Kids staff and Summer Fun Club staff to secure EMERGENCY medical care for my/our child when I/we cannot be immediately reached at the time of emergency. I/we will be responsible for the emergency medical charges upon receipt of the statement. _____ is the preferred doctor/clinic/hospital.

Signature of Parent/Guardian

Date

***If your child is not in Hillsboro school district you will need to get a copy of their physical and shot records for our program.

Persons picking up your child (please feel free to add more names if needed)

Name _____ Phone _____

Name _____ Phone _____

Trips, Excursions, and Public Park Facilities

I/we authorize After School for Kids and Summer Fun Club staff to take my/our child on walking trips, special excursions, and to nearby public park facilities. I/we also authorize the child to ride as a passenger on the school bus or school van driven by an authorized person.

Signature of Parent

Date