

Arrowhead Elementary PTA Before/After School Clubs and Activities Emergency Form

Child's First Name: _____ Last Name: _____

Date of Birth: ____/____/____

Teacher: _____ Grade: _____

Parent's or Guardian's Name(s): _____

Address: _____

Home Phone #: _____

Mother's Work Phone: _____ Father's Work Phone: _____

Mother's Cell Phone: _____ Father's Cell Phone: _____

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

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 #: _____

Does Arrowhead Elementary PTA have permission to use photos of your child in educational or promotional materials? Yes No

I, _____, give permission for any necessary emergency medical treatment while he/she is attending the program.

Parent/Guardian's Signature: _____ Date: _____