



ASK US

After School Kids Under Supervision, Inc. Emergency Contact/ Medical Form



School Building: _____

Child's Name: _____ Date Of Birth: _____ Grade: _____

Address: _____

Home Phone: _____

Mother's Name _____

Father's name: _____

Mother's Employment _____

Father's Employment _____

Phone Number: _____ Cell Number _____

Phone Number: _____ Cell Number _____

If illness or an emergency arises, list names of relatives and/or neighbors the Ask Us Program may contact if parent(s) are not available. Transportation of the sick child is to be arranged by parent(s) or person named below.

Name: _____

Name: _____

Address: _____

Address: _____

Phone Number: _____

Phone Number: _____

PHYSICIAN TO BE CALLED IN EVENT OF AN EMERGENCY:

Name _____

Address: _____

Phone Number: _____

Does your child have any special health problems? _____

If yes, please explain:

Yes ___ No ___ Ask Us is authorized to seek emergency medical treatment and arrange for emergency transportation to the hospital for your child.

Parent/Guardian Signature _____

Date _____

*****Important - Continued on other side for any Food -Related Special Needs**

Food –Related Special Needs Form

Please list the foods that your child may not have, check reason(s) why, and describe the allergic reaction (if applicable).

1. Food _____

minor allergy serious allergy parent preference religious reason drug interaction other: _____

Please describe the child's typical reaction to this food. _____

Must this food be avoided in all forms and/or in even small amounts (for example, if your child is allergic to eggs, is it ok to have a baked product that contains a small amount of egg such as a cookie?)

2. Food _____

minor allergy serious allergy parent preference religious reason drug interaction other: _____

Please describe the child's typical reaction to this food. _____

Must this food be avoided in all forms and/or in even small amounts (for example, if your child is allergic to eggs, is it ok to have a baked product that contains a small amount of egg such as a cookie?)

3. Food _____

minor allergy serious allergy parent preference religious reason drug interaction other: _____

Please describe the child's typical reaction to this food. _____

Must this food be avoided in all forms and/or in even small amounts (for example, if your child is allergic to eggs, is it ok to have a baked product that contains a small amount of egg such as a cookie?)

Does your child require the use of emergency medication* in the event of a severe allergic reaction? Yes No

*If checked yes, a written medical consent form must be completed and accompanied by medication in it's original container and as prescribed by your child's physician.

Parent/Guardian Signature _____

Date _____