

**EMERGENCY FORM FOR EXTENDED DAY PROGRAM STUDENTS ONLY**  
**2017-2018**

In case of Emergency, please list the names of persons who can assist you in pickup of your child/children from the Extended Day Program by 6:00 PM the latest if you cannot do so.

STUDENT NAME: \_\_\_\_\_ GRADE: \_\_\_\_\_

STUDENT NAME: \_\_\_\_\_ GRADE: \_\_\_\_\_

STUDENT NAME: \_\_\_\_\_ GRADE: \_\_\_\_\_

NAME: \_\_\_\_\_ Relation: \_\_\_\_\_

HOME PHONE #: \_\_\_\_\_ CELL PHONE #: \_\_\_\_\_

NAME: \_\_\_\_\_ Relation: \_\_\_\_\_

HOME PHONE #: \_\_\_\_\_ CELL PHONE #: \_\_\_\_\_

NAME: \_\_\_\_\_ Relation: \_\_\_\_\_

HOME PHONE #: \_\_\_\_\_ CELL PHONE #: \_\_\_\_\_

LIST BELOW ANY ALLERGIES – FOOD, ETC

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