

# Emergency Contact and Health Card

**Please complete all sections and return to the Redeemer Renaissance After-School Program. Also, provide any updates as they occur throughout the school year.**

Last Name _____	First Name _____	Birth date _____
Home Address _____		Phone _____

**H W C = Home, Work or Cell Phone Number**

**Father** \_\_\_\_\_ Phone \_\_\_\_\_ H W C Phone \_\_\_\_\_ H W C  
 Employer Name & Location \_\_\_\_\_

**Mother** \_\_\_\_\_ Phone \_\_\_\_\_ H W C Phone \_\_\_\_\_ H W C  
 Employer Name & Location \_\_\_\_\_

**Other Caregiver** \_\_\_\_\_ Phone \_\_\_\_\_

Emergency Contacts and Release					
If it is necessary to contact parents during program hours, staff will first call the parents at work, then the child's home. If neither is available, the Redeemer Renaissance After-School Program is authorized to release my child to any of the following persons: (Contacts need to be <b>within 15 minutes</b> of the school.) <b>At least two persons, other than parents above, are required.</b>					
Name	Relationship	Phone 1	Phone 2		
_____	_____	_____	_____	H W C	H W C
_____	_____	_____	_____	H W C	H W C
_____	_____	_____	_____	H W C	H W C
Out of Area Contacts for use during a Community Emergency (at least 2 hours away)					
Name	Relationship	Phone 1	Phone 2		
_____	_____	_____	_____	H W C	H W C
_____	_____	_____	_____	H W C	H W C

### Current Health/Medical Information

Please CHECK any health conditions that the Redeemer Renaissance After-School Program staff needs to be aware of or may require attention during program hours. If none, please check here. \_\_\_\_\_

- |  |  |
|--|--|
| <ul style="list-style-type: none"> <li><input type="checkbox"/> <b>ALLERGIES:</b> (be specific &amp; complete Action Plan)                             <ul style="list-style-type: none"> <li><input type="checkbox"/> Foods: Peanut Dairy Wheat _____</li> <li><input type="checkbox"/> Medicines _____</li> <li><input type="checkbox"/> Bee stings or insect bites _____</li> <li><input type="checkbox"/> Other _____</li> </ul> </li> <li><input type="checkbox"/> <b>ASTHMA</b> _____</li> <li><input type="checkbox"/></li> <li><input type="checkbox"/></li> </ul> | <ul style="list-style-type: none"> <li><input type="checkbox"/> <b>HEART PROBLEM</b> _____</li> <li><input type="checkbox"/> <b>PHYSICAL LIMITATIONS</b> _____</li> <li><input type="checkbox"/> <b>RESPIRATORY</b> _____</li> <li><input type="checkbox"/> <b>SEIZURES</b> _____</li> <li><input type="checkbox"/> <b>VISION PROBLEMS</b> _____</li> <li><input type="checkbox"/> <b>OTHER</b> _____</li> </ul> |
|--|--|

List all medications and dosages your child receives on a continual basis:

\_\_\_\_\_

\_\_\_\_\_

Physician Information			
My child's medical care is provided by: _____			
	Name of Doctor	Location	Phone
My child's medical coverage is provided by: _____			
Health Insurance Co./HMO	Policy No.	Location	Phone

Redeemer Renaissance After-School Program staff has my permission, in an emergency, to secure appropriate medical care for my child. The medical staff has my authorization to provide necessary medical treatment for the well-being of my child.

Parent Signature \_\_\_\_\_ Date \_\_\_\_\_ Updated \_\_\_\_\_

**Email Information**

Mother's/Guardian's office email address: \_\_\_\_\_

Mother's/Guardian's home email address: \_\_\_\_\_

Father's/Guardian's office email address: \_\_\_\_\_

Father's/Guardian's home email address: \_\_\_\_\_

Email address for one emergency contact: \_\_\_\_\_