

RAP Emergency Information Form

2024-2025



Personal Information				Please print and use blue or black ink.	Please fill out all sections.	
Child/ren's Name (Last)		(First)		School <u>and</u> Grade	Birthdate	
1.						
2.						
3.						
Parent/Guardian Information		(Last)	(First)	Address		Phone #
Mother/Guardian Name						
Work Address and Phone #						
Father/Guardian Name						
Work Address and Phone #						
Mother/Guardian email			Father/Guardian email			

The following people have permission to pick up my child. The child will not be allowed to leave with anyone, not on this list.

	Name (Last)	(First)	(Address)	(Phone #)
1.				
2.				
3.				
4.				

Child's Medical Information			
Doctor's name			
Address			
City		Phone #	

IN CASE OF EMERGENCY FOR MEDICAL TREATMENT:	
My child will be transported to	
Hospital	
Medical Insurance	
Insurance #	

Additional Information: IEP's, Behavioral Plans, etc.	
Allergies, Medical Limitations or Medications,	

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In case of an accident or emergency, I authorize a Ripon After-School Program staff member to take my child to the above-named physician or to the nearest hospital for any emergency treatment and action deemed necessary for the safety of the child, at my expense. Permission for Medical Treatment procedures varies among medical personnel and facilities concerning provision for the child in the absence of the parent. A parent should have verified the procedure in advance.

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Parent's Signature	Date
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