

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,				

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.

Parent's Signature	Date
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