

BEYOND AFTER SCHOOL ADVENTURES
EMERGENCY INFORMATION

This form needs to be filled out completely before entering program.

Child's Name: _____	Date of Birth: / / _____
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Mother's Information	Father's Information
Name: _____	Name: _____
Address: _____	Address: _____
Home Phone: _____ cell: _____	Home Phone: _____ cell: _____
Employer: _____	Employer: _____
Address: _____	Address: _____
City: _____ Zip: _____	City: _____ Zip: _____
Work Phone: _____	Work Phone: _____

Additional numbers where parents can be reached while child is attending the program:

Mother: _____ Father: _____

Emergency contact persons and persons who are authorized to pick the child up. These people need to be local contacts (**no more than 1/2 hour away from the program site**). If additional space is needed, please attach a separate sheet of paper with the information.

Name: _____	Name: _____
Address: _____	Address: _____
City: _____ Zip: _____	City: _____ Zip: _____
Home Phone: _____	Home Phone: _____
Work Phone: _____	Work Phone: _____
Relationship to Child: _____	Relationship to Child: _____

_____ My child will ALWAYS be picked up by one of the people named above (**NO WALKING**)

_____ My child has permission to walk home ALONE if necessary. He/she will be released at 5:45.

2013-2014
Walking Field Trip Permission Slip

My child _____ has my permission to participate in any field trip within walking distance where the After School Adventures program is being held. A walking field trip may take place as part of a fitness program, a nature study, or community study. I understand that this consent applies to walking trips only.

Parent Signature

Date