

School Year _____

**Santa Rosa City Schools
Child Care Program**

EMERGENCY INFORMATION

TO BE COMPLETED BY PARENT OR GUARDIAN: (Please Print)

Child Care/School Site: _____

Child's Name: _____ Male _____ Female _____
Last First Middle Initial

Address: _____
Street City State Zip Code

Telephone: _____ Birth-date: ____/____/____ Grade: ____ (Current school year)

Parent/Guardian Name Relationship Address (if different than child)
Home Phone Business Phone Other Phone Email

Parent/Guardian Name Relationship Address (if different than child)
Home Phone Business Phone Other Phone Email

ADDITIONAL PERSONS WHO MAY BE CALLED IN AN EMERGENCY

NAME	ADDRESS	TELEPHONE	RELATIONSHIP
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

PHYSICIAN OR DENTIST TO BE CALLED IN EMERGENCY

Physician Address Medical Plan & Number Telephone

Dentist Address Medical Plan & Number Telephone

If physician cannot be reached, what action should be taken?

_____ Call hospital emergency room; _____ Other, explain _____

Please list any medical problems your child may have that the Child-Care staff needs to know about.
(Vision or hearing problems, allergies—especially food allergies, bee sting sensitivity, etc.):

Please complete other side

**SANTA ROSA CITY SCHOOLS
CHILD CARE PROGRAM**

CHILD RELEASE AUTHORIZATION

TO BE COMPLETED BY PARENT OR GUARDIAN:

NAMES OF PERSON AUTHORIZED TO TAKE CHILD FROM THE FACILITY

Child will not be allowed to leave with any other person without written authorization from parent or guardian. Picture ID will be requested. Please advise all persons picking up your child to carry ID. Parents may also be requested to provide picture ID in the event of a substitute on duty. No parent will be denied access to their child without a current restraining order on file. Thank you for your cooperation.

NAME	RELATIONSHIP	PHONE NUMBER
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Time child will be picked up: _____

Parent/Guardian Signature

Relationship

Date

*****Please notify us in writing any change of address or phone numbers immediately.
Change forms available on site.**

PLEASE COMPLETE OTHER SIDE