EDCC ONLY:
RECEIPT NO.:

2022-2023 Emergency and Student Information Sheet

Student's Name: _____
LEGAL LAST NAME LEGAL FIRST NAME MIDDLE INITIAL GENDER

Date of Birth: / / Grade in August 2022: School of Attendance:

Has your student (or a sibling) *EVER* enrolled in Los Al Extended Day Care? **Student(s) and School:**

Account Holder Information	**Note: Parent/Guardian #1 is the Primary Financial and Legal Sponsor and will be financially responsible for the payment of all childcare services/fees that are accrued within the program.**
Parent/Guardian Name:	#1
Relationship to student	
Lives with student? Days/Schedule, if shared.	
Home Address	
Employer & City	
Primary Contact Phone Number	
Secondary Contact Phone Number	
Email Address	

Local contacts during Day Care hours for student release and/or emergencies (must be 18 years or older):

Name(s) of Authorized Individuals	**Relationship to student**	Contact Number	Emergency Contact	Student Release

Emergency Medical Information

- Your choice of physician: _____ Phone Number: _____
  Medical Coverage: ☐ Dental Coverage: ☐ Vision Coverage: ☐ Insurance Company/Policy No.:: _____
- Diagnosed medical condition(s): _____
- List of all medications presently taking: _____
  Medication at school requires a completed/signed Physician Authorization form that is available on the District's Health services page.
- Known allergies: _____ Life threatening: _____ EpiPen: ☐
- Physical limitations/activity restrictions: _____

Parent/Guardian response required.

- I give my permission for the above medical information to be shared with appropriate school personnel, and I understand that it is my responsibility to communicate the details of any medical issues. **Initials →** _____
- I understand that the District does not provide medical or dental insurance for student injuries, but does make voluntary student insurance available. I have received/reviewed the given information on the Voluntary Student Insurance letter on how to enroll in the insurance program. **Initials →** _____
- I have read and agree to abide by the rules of operation of the Extended Day Care Program, as specified in the Parent Handbook and have been notified of my responsibilities as a parent/guardian and give consent to enroll my student in the program. **Initials →** _____
- I give my permission for my child to participate in any short walking field trips away from school grounds, under the supervision of District/Extended Day Care staff, **Initials →** _____, and for photographs of my child to be used in newspapers or media other connection with school and/or Day Care activities. **YES or NO response required→** _____
- I authorize any licensed physician to render necessary emergency treatment for injury or serious illness when neither parent can be reached and will assume all financial responsibility to such treatment. **YES or NO response required→** _____
- There is a court order on file restricting which parent/guardian may pick up my child from school. **YES or NO response required→** _____

I certify that all the information above is correct and valid, as well understand the terms in the Parent Handbook apply to both the School Year AND the Summer Program. Parent/Guardian #1 is the Primary Financial and Legal Sponsor for the student listed above.

Parent/Guardian #1 Signature **Required**: _____