



# After School Learning Tree

<http://www.yucailearningtree.com>

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## EMERGENCY AND MEDICATION INFORMATION

STUDENT'S NAME:	BIRTHDATE: / /	GENDER: M F
PARENT NAME:	PARENT PHONE #:	
1. EMERGENCY CONTACT NAME:	EMERGENCY CONTACT PHONE #:	
2. EMERGENCY CONTACT NAME:	EMERGENCY CONTACT PHONE #:	
<b>EXISTING MEDICAL CONDITIONS AND RESTRICTIONS (Please explain and describe in detail):</b>		
<b>ALLERGIES (Please list all known allergies and describe reaction and management of the reaction):</b>		
<b>MEDICATIONS BEING TAKEN (Please note: AFTER SCHOOL LEARNING TREE does not administer any medication) Please list ALL medication (including over-the-counter or nonprescription drugs) taken routinely.</b>		
MEDICATION NAME:	REASON FOR TAKING:	
MEDICATION NAME:	REASON FOR TAKING:	
MEDICATION NAME:	REASON FOR TAKING:	

### PERMISSION TO PROVIDE NECESSARY TREATMENT IN CASE OF EMERGENCY

I hereby give permission to the medical personnel selected by the program director to order x-rays, routine tests and treatment; to release any records necessary for insurance purposes; and to provide or arrange necessary related transportation for my child. In the event I cannot be reached in an emergency, I hereby give permission to the medical personnel selected by the program director to administer treatment, including hospitalization, for the person named above. This completed form may be photocopied for trips outside the facility. After first enrolling in the AFTER SCHOOL LEARNING TREE program and agreeing to its terms, I give permission for my child to take part in all activities. I agree to place him/her in the care of the AFTER SCHOOL LEARNING TREE program, subject to all its rules and regulations. I understand the nature and purpose of the AFTER SCHOOL LEARNING TREE program and camp activities and I am aware that any strenuous physical activity involves risks. Accordingly, I release, discharge, absolve, and hold harmless AFTER SCHOOL LEARNING TREE, its agents, employees and instructors, from any and all liability arising from any accident, injury or loss sustained by my child as a result of activities sponsored by AFTER SCHOOL LEARNING TREE. I agree to waive any and all claims against persons connected with AFTER SCHOOL LEARNING TREE.

PARENT SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_