

Town of Florence
Before/After the Bell Program
Parent/Child Information Form

Child's Name: _____ Grade: _____ Teacher: _____

Parent/Guardian Name(s): _____

My Child will attend the program on the following days:
M TU W TH F (circle all that apply)

I will contact the Parks & Recreation Office prior to the start of the program if my child will not attend.
Yes _____ No _____

I authorize the After School Program staff to transport my child to various activities in Florence or Anthem.
Yes _____ No _____

I authorize the After School Program staff to show P.G.-rated movies to my child.
Yes _____ No _____

I will contact the Parks & Recreation Office if there are changes to my registration or child information.
Yes _____ No _____

IN CASE OF EMERGENCY, or if I cannot be contacted to pick up my child, I hereby authorize the following person(s) to pick up my child (picture I.D. will be requested by Staff).

Name: _____ Name: _____

Address: _____ Address: _____

Telephone: _____ Telephone: _____

The following persons may **NOT** remove my child from the program:

Name: _____ Name: _____

The above child/parent information was provided by:

Parent Signature: _____ Date: _____

Medical Information

Primary Physician: _____ Physician's Number: _____

Child's Blood Type _____ Insurance Company _____

Name of Insured: _____ Policy #: _____

Person responsible for payment: _____ Phone #: _____

Specify any behavior problems to be aware of: _____

Please explain any medical conditions, allergies, or dietary restrictions:

LIST ANY MEDICATIONS PARTICIPANT TAKES REGULARLY:

Name of Medication	Dosage Level	Frequency Taken	Related Condition

Other Special Instructions:

Additional Comments:

The above medical information was provided by:

Parent Signature: _____ Date: _____