



# Before and After School Program Emergency Contact Form 2023 – 2024 School Year

Please print clearly

CHILD NAME: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Sir John A MacDonald Public School Trent River Public School Frankford Public School St Michael's Catholic School

Mother's Name: \_\_\_\_\_ Father's Name: \_\_\_\_\_

Home Address: \_\_\_\_\_ Home Address: \_\_\_\_\_

City, Postal Code: \_\_\_\_\_ ON, \_\_\_\_\_ City, Postal Code: \_\_\_\_\_ ON, \_\_\_\_\_

Phone (Home): \_\_\_\_\_ Phone (Home): \_\_\_\_\_

Place of work: \_\_\_\_\_ Place of work: \_\_\_\_\_

Work Address: \_\_\_\_\_ Work Address: \_\_\_\_\_

Phone (Work): \_\_\_\_\_ Phone (Work): \_\_\_\_\_

Email Address: \_\_\_\_\_ Email Address: \_\_\_\_\_

**EMERGENCY CONTACT(S) \* whom the child may be released- required to have at least 1\*  
(Persons to be contacted if unable to reach parent **must** be available to pick up if necessary)**

Name: \_\_\_\_\_ Name: \_\_\_\_\_

Phone (Home): \_\_\_\_\_ Phone (Home): \_\_\_\_\_

Phone (Work): \_\_\_\_\_ Phone (Work): \_\_\_\_\_

Allergies and/or Special Medical or Additional Info (please put N/A if none):

Previous History of Communicable Disease / Conditions as Reportable to the Health Unit (please put N/A if none):

Parent Signature (Entering your full name in the field above serves  
as signing the document)

Date

### Additional Consent:

I understand the County of Hastings Before & After School Program and School staff work side by side, therefore on occasion, information may be shared. This may include, but is not limited to, how your child's day was, if they got hurt, any behavior issues or any changes in their overall well-being. Please be assured that any information shared will be held in strict confidence.

Initial

I allow pictures and video's to be taken and displayed in classroom as part of program documentation. Pictures will NOT be posted on social media.

Initial

OFFICE USE ONLY

Date of Admission:

Date of Discharge: