

MARION COUNTY CHILDREN'S ALLIANCE AFTERSCHOOL ACADEMY

PARTICIPANT INFORMATION

To be completed by Parent/Guardian - please use ball-point pen. Press firmly so writing is legible on all copies.

			/ /		Program Location
Student's Legal Last Name	Student's Legal First Name	MI	Birthdate	Age	Race Ethnicity
Address/City/State/Zip			Home telephone		Cell Phone Number
Mailing Address (If different from residence address above)			Student's Grade		Social Security Number

Mother's/Guardian's Name	Place of Employment	Work Telephone	Cell Phone
Father's/Guardian's name	Place of Employment	Work Telephone	Cell Phone

STUDENT LIVES WITH: (Check One) Both parents Mother Father Other

BRIEF DIRECTIONS TO YOUR HOME _____

OTHER CHILDREN:

(1) Name	Grade	(2) Name	Grade	(3) Name	Grade
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Doctor's Name / Address / Telephone	Dentist's Name / Address / Telephone
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SPECIAL NEEDS: (medication, treatment, fears...please explain/specify) _____

SPECIAL MEDICAL PROBLEMS: (Be specific/use back of this form to specify if necessary) _____

INSURANCE COVERAGE: (Check One) No Coverage Group Insurance or Private Insurance Healthy Kids Medicaid Other

CUSTODY: _____
 (List any Special Custody Problems)

CHILD PICKUP: Should my child become ill or injured during the school day and the school be unable to contact me, I hereby give the school permission to contact one or more of the following persons to pick up my child at school and care for my child during my absence.

After program activities, my child has my permission to: walk home be picked up go to extended day
 other (Specify _____)

Persons approved to pick up, in addition to me as a parent, include:

(1) Name	Relationship	Telephone	(2) Name	Relationship	Telephone
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By initialing here _____, I allow the Marion County Children's Alliance to take pictures of my child to use in program information and publicity.
 By initialing here _____, I allow my student's school and Marion County Children's Alliance staff to share information and records regarding my student's past and current performance in school.

EMERGENCY PROCEDURES

The Marion County Children's Alliance has adopted the following procedures in caring for your child when he/she becomes sick or injured. In case of emergency and/or need of medical or hospital care:

1. The teacher will call the home. If there is no answer,
2. The teacher will call the mother's, father's, or guardian's place of employment. If there is no answer,
3. The teacher will call the other telephone number(s) listed.
4. If none of the above answer, the teacher will call an ambulance, if necessary, to transport the child to a local medical facility.
5. Based upon the medical judgment of the attending physician, the child may be admitted to a local facility.
6. The teacher will continue to try to contact the parents/guardians until one is reached.

If I cannot be reached and the MCCA authorities have followed the procedures described, I agree to assume expenses for moving and medically treating this student. I also hereby consent to treatment, surgery, diagnostic procedures or the administration of anesthesia which may be carried out based on the medical judgment of the attending physician.

Parent/Guardian Signature	Date	Marion County Children's Alliance Staff	Date
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