

RAP Emergency Information Form

Personal Information

Please print and use
blue or black ink.

Please fill out all
sections.

Child/ren's Name (Last)		(First)		School/Grade	Birthdate
1.					
2.					
3.					
Parent/Guardian Information		(Last)	(First)	Address	
Mother/Guardian Name					
Work Address and Phone #				Job Title:	
Father/Guardian Name					
Work Address and Phone #				Job Title:	
Mother/Guardian email				Father/Guardian email	

The following people have permission to pick up my child. The child will not be allowed to leave with anyone, not on this list.

	Name (Last)	(First)	(Address)	(Phone #)
1.				
2.				
3.				
4.				

Child's Medical Information

Doctor's name			
Address			
City		Phone #	

IN CASE OF EMERGENCY FOR MEDICAL TREATMENT:

My child will be transported to

Hospital	
Medical Insurance	
Insurance #	

Additional Information: IEP's, Behavioral Plans, etc.

Allergies, Medical Limitations or Medications,	
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In case of accident or emergency, I authorize a Ripon After-School Program staff member to take my child to the above-named physician or to the nearest hospital for any emergency treatment and action deemed necessary for the safety of the child, at my expense. Permission for Medical Treatment procedures varies among medical personal and facilities with regards to provision for the child in the absence of the parent. A parent should have verified the procedure in advance.

Parent's Signature	Date
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