

HILLCREST UMC AFTERSCHOOL
PROGRAM 2013 – 2014
2208 Lafayette Blvd., Fredericksburg, VA 22401
540-898-2180

EMERGENCY FORM 2013-2014

Child's name: _____ **Birth date:** _____

Home Address: _____

School: Hugh Mercer Elementary (540) 372-1115 **Gender:** Male Female
Lafayette Upper Elementary (540) 310-0029 **Bus #:** _____ (540) 372-1123

Parent / Guardian:

Name _____ Relationship: _____

Home Phone: _____ Work Phone: _____ Cell Phone: _____

Name _____ Relationship: _____

Home Phone: _____ Work Phone: _____ Cell Phone: _____

Emergency Contact: (Parents/guardians will be called first) (please circle all that apply for contact purposes)

Primary /Name _____ **Relationship:** _____ **Home Phone:** _____

Work Phone: _____ **Cell Phone:** _____ **For: health / discipline / pick-up** (please circle)

Secondary / Name _____ **Relationship:** _____ **Home Phone:** _____

Work Phone: _____ **Cell Phone:** _____ **For: health / discipline / pick-up** (please circle)

ALLERGIES: _____

Medications: _____

Medications the child is taking (please include dosage and time): _____

Childs Primary Physician: _____ **Phone:** _____

Preferred Hospital in case of emergency: _____

Other issues of importance: _____

Picture of child Parent/Guardian Parent/Guardian Emergency Emergency