

After School Kids Under Supervision, Inc.
Emergency Contact Form
www.wiaskus.org

Date Of Birth: _____

School Building: _____

Child's Name: _____

Grade: _____

Address: _____

Home Phone: _____

Mothers Name _____

Fathers name: _____

Father's Employment _____

Phone Number: _____ Cell Number _____

Mother's Employment _____

Phone Number: _____ Cell Number _____

If illness or an emergency arises, list name of relatives and/or neighbors the Ask Us! Program may contact if parent(s) are not available.
Transportation of the sick child is to be arranged by parent(s) or person named below.

Name: _____

Name: _____

Address: _____

Address: _____

Phone Number: _____

Phone Number: _____

PHYSICIAN TO BE CALLED IN EVENT OF AN EMERGENCY:

Name _____

Address: _____

Phone Number: _____

Does your child have any special health problems? _____

If yes, please explain:

Ask Us! is authorized to seek medical treatment and arrange for emergency transportation to a nearby hospital for the your child. Yes___ No___