2023-2024

BLAST Extended School Day Program Emergency Information Form

Parent/ legal guardian must complete this form prior to child attending the program.

The BLAST program operates on the school campus, however your child's health information is not shared between the provider agency and the school. In order for BLAST to provide the best possible service to your child, please fill in all necessary information.

Child's Name Address Enrolling Parent Name	Number Number	Street	First		Middle		Gender
	Number	Street					
	Number	Street					
nrolling Parent Name			City		State	Zip	Age
Enrolling Parent Name				(()
	Last	First	M	iddle	Work Telephone		Home Telephone
				(()	()
Parent #2 Name	Last	First			Work Telephone		Telephone
Additional local ad Name		to remove child from prog	gram and to be co	ntacted in ca	se of emergency (i Telephone	f parent is una	vailable). Relationship
1.		Auc		()		- Treatment of the state of the
2.				()		
3				()		
4.				()		
5.				()		
referred physicia	n and/or dentis	t to be contacted in case o	f emergency				
Name	е	Ado	Iress		Telephone		Doctor/ Dentist
1.				()		
2.				()		
BLAST Emerge	ncy Procedur	Step 1. Appropriate s Step 2. Call 911, if no Step 3. Attempt to co Step 4. Staff accomp Step 5. Staff complet	ecessary ontact parent/lega vanies child to em	al guardian, a nergency fac	and/or emergency lity, if necessary		ırdian