



Emergency Form K.E.E.P. School Year 21/22

Child's Name: _____ School: _____ Grade Level (21/22): _____

Parent/Guardian #1 Name: _____ Phone Number: _____

Parent/Guardian #2 Name: _____ Phone Number: _____

Emergency Contacts (must list at least 2 people OTHER than Parent/Guardian):

Name: _____ Phone: _____

Name: _____ Phone: _____

Who, other than those listed above, has permission to pick up your child(ren) from K.E.E.P.?

Name(s): _____ Phone: _____

Name(s): _____ Phone: _____

Does your child have any special needs (i.e.: IEP, 504, etc.)? (Please list "yes" or "no"). If yes, please provide additional details below.

Will your child require 1-on-1 assistance?

Yes: _____ No: _____

Does your child have any allergies? (Please list "yes" or "no"). If yes, please list below.

Is your child taking any medication? Does your child need to take medication during program (Please list "yes" or "no"). If yes, please list details below.

Is there further information that you believe will be helpful to staff in understanding and caring for your child?

I understand that myself and my child(ren) are responsible for reading and adhering to all program policies and procedures indicated in the K.E.E.P. Parent Handbook and agree to abide by the guidelines set forth

Parent/Guardian Signature: _____ Date: _____