

**The Key To Success Program Emergency Contact and Medical Information Form**

**THE KEY TO SUCCESS PROGRAM ENROLLMENT APPLICATION**

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M F  
Sex

Child's Name

Date of Birth

Age

Parent's/Guardian's Name

Parent's/Guardian's Name

( )

( )

( )

( )

Home Phone

Work Phone

Home Phone

Work Phone

Address

Address

City, ST ZIP Code

City, ST ZIP Code

**Alternative Emergency Contacts**

Primary Emergency Contact

Secondary Emergency Contact

( )

( )

( )

( )

Home Phone

Work Phone

Home Phone

Work Phone

Address

Address

City, ST ZIP Code

City, ST ZIP Code

**Medical Information**

Hospital/Clinic Preference

Physician's Name

Phone Number

Insurance Company

Policy Number

Allergies/Special Health Considerations

I authorize all medical and surgical treatment, X-ray, laboratory, anesthesia, and other medical and/or hospital procedures as may be performed or prescribed by the attending physician and/or paramedics for my child and waive my right to informed consent of treatment. This waiver applies only in the even that neither parent/guardian can be reached in the case of an emergency.

Parent's/Guardian's Signature

Date

I give permission for my child to go on field trips. I release [Organization] and individuals from liability in case off accident during activities related to [Organization], as long as normal safety procedures have been taken.

Parent's/Guardian's Signature

Date

Witness Signature

Date

# The Key To Success Program Emergency Contact and Medical Information Form

## THE KEY TO SUCCESS PROGRAM ENROLLMENT APPLICATION

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Name of School: \_\_\_\_\_

School Address: \_\_\_\_\_

Grade: \_\_\_\_\_ Class: \_\_\_\_\_

Favorite Subject: \_\_\_\_\_

Least Favorite Subject: \_\_\_\_\_

For Office Use Only:

Date of Enrollment \_\_\_\_\_ Grade (Age) Wavier \_\_\_\_\_ by Whom: \_\_\_\_\_

### **Documentation Provided**

NYS Driver's License \_\_\_\_\_ School ID Card \_\_\_\_\_ Budget Letter \_\_\_\_\_

Public Assistance I D (Medicaid) \_\_\_\_\_ Utility Bill \_\_\_\_\_ School Letter \_\_\_\_\_

Birth Certificate \_\_\_\_\_ Other \_\_\_\_\_

### **Staff Use:**

Program I D Card Issued \_\_\_\_\_ ID # \_\_\_\_\_ Car Fare Needed \_\_\_\_\_

Enrolled By: \_\_\_\_\_ Sign: \_\_\_\_\_

Notes:



**UNITED COALITION ASSOCIATION INC.**