

**VAS CHILD CARE EMERGENCY CONTACT FORM (to be completed for each child in the program)**

Child's Last Name: \_\_\_\_\_ Child's First Name: \_\_\_\_\_ Birth Date: \_\_/\_\_/\_\_

Select One: \_\_\_\_\_ Morning Program \_\_\_\_\_ Evening Program

VAS Parent Last Name: \_\_\_\_\_ Parent's First Name: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Cell Phone: \_\_\_\_\_ Home Phone: \_\_\_\_\_

VAS Class that the Parent is enrolled in: \_\_\_\_\_ Class Time: \_\_\_\_\_ Room #: \_\_\_\_\_

In event of an emergency, \_\_\_\_\_ is able to pick up my child (picture ID will be required).

**GENERAL HEALTH**

Diabetes  Food Allergies  Bee Sting Allergies  Other Allergies  Seizures  Asthma  Heart Disease  Head Injury

Surgeries  ADHD/ADD  Hearing Difficulties  Other: \_\_\_\_\_

Please Explain: \_\_\_\_\_

\_\_\_\_\_

Copy of current vaccinations  Yes  No

I \_\_\_\_\_ (the Parent), of the child listed above am leaving my child with the child care service held at Vista Adult School and hereby release and waive against all claim of Vista Adult School, its agents, employees, volunteers, representatives, from injuries, damages arising from injuries relating to my child's participation in the Vista Adult School child care service. I further agree to indemnify, save and hold Indemnities harmless from any loss, liability, attorney fees, damage or cost that they (or any of them) may incur out of or related to the child care services offered by Vista Adult School. In the case of a medical emergency or behavioral issue, I understand that the child care service will act on my behalf if attempts have been made to contact me and I wasn't available.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_