TEWKSBURY PUBLIC SCHOOLS
SUMMER SCHOOL PROGRAM

ACCIDENT-ILLNESS FORM

TO PARENTS/GUARDIANS OF GLOBAL CHILD CHILDREN:

In case of accident, illness or other emergency, the Global Child staff must be able to locate parents/guardians or some other person who will care for your child. For these reasons, we must have on file the names and phone numbers of two other persons who may be called to take care of your child if the parents/guardians cannot be reached. Please supply the information requested below and return this report to our office with your registration form. Thank you for your cooperation.

Student's Name _____ Date of Birth _____ Current Grade _____
Last First M.I

Name of Parent or Guardian _____

Home Address _____Tewksbury, MA 01876 Home Phone _____

Father's Place of Business _____ Business Phone ( ) _____

Mother's Place of Business _____ _____ Business Phone ( ) _____

Names of **two persons** who may be called to take care of (and/or pick up) your child in absence of the parent/guardian. These people, if not known by the staff, must provide appropriate identification. **(AT LEAST ONE PERSON SHOULD BE LOCAL.)**

Name _____ Address _____

Home Phone ( ) _____ Business Phone ( ) _____

Name _____ Address _____

Home Phone ( ) _____ Business Phone ( ) _____

In case we cannot get in touch with you and your child needs emergency medical attention, do you authorize this at your expense? YES _____ NO _____ If your answer is no, please describe an alternative action plan.

_____

_____

Name of Local Doctor: _____ Address _____ Phone _____

Name of Local Dentist: _____ Address _____ Phone _____

Name of Insurance Company: _____ Policy #: _____

Note: In case of an emergency, the Tewksbury Fire Department will be called and your child will be transported to the NEAREST HOSPITAL at the discretion of the ambulance service.

If we cannot reach your doctor, may we call one available? YES _____ NO _____If your answer is no, please describe an alternative action plan.

_____

_____

Does your child have any illnesses, diseases, accidents, allergies, or other chronic health problems? YES_____ NO_____
IF YES, PLEASE LIST. _____

_____

Are there any medications that need to be or may need to be administered during program hours? YES _____ NO _____
If the answer is "yes", you must come to the site to administer these medications.

_____

_____

Signed _____ _____
(PARENT OR GUARDIAN) (DATE)

IT IS THE PARENT/GUARDIAN'S RESPONSIBILITY TO NOTIFY THE STAFF IF ANY OF THE ABOVE PHONE NUMBERS OR INFORMATION SHOULD CHANGE.