

TEACHER AFTER SCHOOL CARE FORM (TASC)

Name of child(ren): _____ Grade: _____
_____ Grade: _____
_____ Grade: _____
_____ Grade: _____

Address: _____

Phone numbers Home: _____
 Cell-mother: _____
 Cell-father: _____
 Work-mom: _____
 Work-dad: _____

Email: _____

NAMES OF PERSONS AUTHORIZED TO PICK UP:

MEDICAL

Please list any medical problems and, if applicable, medications we will have on hand.

We/I hereby grant permission for medical assistance to be secured for our/my child(ren) should it be and as deemed necessary by the supervisory staff.

Signature