



View Royal Out of School Care Society - OUT TRIP INFORMATION CARD

Child's Last Name		First Name:	
Medical #		Birthdate	
Gender:		Male	Female

List any persons who are denied access:	
(Please note we must have a copy of the legal document on file to ensure custody orders are followed correctly)	

Severe Allergies or Medical Conditions:	
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Legal Parent/Guardian		Work #		Cell #	
Address:		Home #		Other #	

Legal Parent/Guardian		Work #		Cell #	
Address:		Home #		Other #	

Other Adults Authorized for Pick Up							
Name:		Relationship		Work #		Cell #	
Name:		Relationship		Work #		Cell #	
Name:		Relationship		Work #		Cell #	
Name:		Relationship		Work #		Cell #	

First Person to call in an Emergency when Parent/Guardian is not available:							
Name		Relationship		Work #		Cell#	

Family Physician		Phone #	
Family Dentist		Phone #	

***** PARENTS ARE RESPONSIBLE FOR UPDATING EMERGENCY INFORMATION *****



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