



MBUSD Extended Day Program

EDP

Emergency Form

Grade: _____
 Home School: _____
 Date of Birth: _____
 School Year: _____

Child's Name: _____
Last First

Home Address: _____

Home Phone #: _____ Parent Email: _____

Contact

Parent #1 _____
Name Number

Parent #2 _____
Name Number

Other Emergency Contact _____
Name Number

Other people able to pick up:

Name Number

Name Number

Important Medical Information

*Allergies to food: _____

*Medications being taken: _____

*Care plan must be provided along with this form.

Approximate hours your child will be attending:
 _____ to _____

Any additional information that will assist the EDP staff in meeting your child's needs:

