



River Oaks Elementary ASP 2021-2022 Authorization/Emergency Form

(submit via email to roecoordinator1@sbcglobal.net)

Only the individuals listed on Part 1 of this form are authorized to make any changes.

Part 1

Student Name _____ Grade Level 2021-2022 _____ 2021-2022 Homeroom Teacher (OFFICE USE ONLY) _____

Parent #1 Name _____

Parent #2 Name _____

Parent #1 Address (include city and zip code) _____

Parent #2 Address (include city and zip code) _____

Parent #1 email address _____

Parent #2 email address _____

Parent #1 Home Phone _____

Parent #1 Work Phone _____

Parent #1 Cell Phone _____

Parent #2 Home Phone _____

Parent #2 Work Phone _____

Parent #2 Cell Phone# _____



Will your child be a Bus Rider when not reporting to the After School Program? ☐ YES ☐ NO

Individuals authorized to pick up my child are:

Part 2

Name _____ Work Phone # _____ Home Phone# _____ Other Phone# _____

Name _____ Work Phone# _____ Home Phone# _____ Other Phone# _____

Name _____ Work Phone# _____ Home Phone# _____ Other Phone# _____

Name _____ Work Phone# _____ Home Phone# _____ Other Phone# _____

My child is allergic to the following: _____

My child has special medical needs as follows: _____

Please note:

1. It is important you notify the After School Program **in writing** when you have updated information such as an address change, individuals you authorize to pick up your child, foods your child may be allergic to, etc.
2. If on any given day someone **NOT** listed on the ASP Authorization/Emergency Form needs to pick up your child, the After School Office must receive notification in writing (no later than 11:00AM) from the parent or the responsible individual who registered the student via email: roecoordinator1@sbcglobal.net AND ciasp2@sbcglobal.net
3. Please be aware that any adult listed above picking up your child will be asked to present their official ID. In addition, we will NOT release your child to anyone unless we have it in writing. We will not make any exceptions.