Sarasota Academy of the Arts Extended Care
2026-2027 Emergency Contact Form
Sarasota Academy of the Arts, 582 McIntosh Rd, Sarasota FL 34232

Child's Name _____ Grade _____

Emergency Contact Name_____

Phone #_____

EMERGENCY INFORMATION: (all areas must be completed)

Child's Allergies/Concerns:
_____
_____

Doctor's Name: Phone #: _____
In the event of an injury that requires medical attention, I grant the school the authority to contact the Sarasota Emergency Medical Services or, if necessary, have the child transported to the nearest hospital.

_____ Parent Signature/Date

I give my permission for the above named student(s) to participate fully in all child care/school activities including physical education and recreational sports.

_____ Parent Signature/Date

ADDITIONAL PERSONS TO CONTACT IN CASE OF EMERGENCY:
NAME RELATIONSHIP PHONE NUMBER
_____

_____

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