

EMERGENCY INFORMATION SHEET

PLEASE PRINT

NAME OF CHILD: _____ HOME PHONE: _____

ADDRESS: _____ CITY: _____ ZIP: _____

AGE: _____ BIRTHDATE: _____ SEX: _____ SCHOOL: _____

PARENT FULL NAME: _____ CELL PHONE: _____

EMPLOYER: _____ WORK PHONE: _____

NUMBER OF PARENTS IN HOUSEHOLD: ONE TWO

PARENT FULL NAME: _____ CELL PHONE: _____

EMPLOYER: _____ WORK PHONE: _____

CHILD'S PHYSICIAN: _____ PHONE: _____

ADDRESS: _____ CITY: _____ ZIP: _____

MEDICAL HISTORY

FREQUENT ILLNESS OR INFECTION: _____

ALLERGIES (LIST): _____

RESTRICTIONS OR DISABILITIES: _____

ROUTINE MEDICATIONS: _____

The Recreation Dept. will not dispense medications.

ADDL INFO. ON CHILD: _____

PERSON TO CONTACT IN CASE OF EMERGENCY WHEN PARENT CANNOT BE REACHED

NAME: _____ HOME PHONE: _____ WORK PHONE: _____

ADDRESS: _____ RELATION: _____

I _____ GIVE MY PERMISSION FOR MY CHILD _____ TO
(PRINT PARENT/LEGAL GUARDIAN NAME) (PRINT CHILDS NAME)
RECEIVE MEDICAL CARE IN THE EVENT THAT I CANNOT BE REACHED.

(PARENT/LEGAL GUARDIAN SIGNATURE)

PLEASE FILL-OUT BOTH SIDES