

Kids Club

Emergency Information/Authorization Form

Please complete all of the information in this form.

<p>Child's Name</p> <p>Date of Birth</p> <p>Child resides with: <input type="checkbox"/> mother <input type="checkbox"/> father <input type="checkbox"/> both parents <input type="checkbox"/> guardian</p>
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<p>Mother or Guardian: _____</p> <p>Home Phone: _____</p> <p>Work Phone: _____</p> <p>Cell Phone: _____</p> <p>Address: _____</p> <p>E-mail Address: _____</p>	<p>Father or Guardian: _____</p> <p>Home Phone: _____</p> <p>Work Phone: _____</p> <p>Cell Phone: _____</p> <p>Address: _____</p> <p>E-mail Address: _____</p>
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<p>Name of friends or relatives to call if you cannot be reached:</p> <p>Name: _____ Relation to child _____ Phone No. _____</p> <p>Name: _____ Relation to child _____ Phone No. _____</p>
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<p>Doctor to be called in an emergency: _____ Phone No. _____</p> <p>Insurance Company: _____ Insurance Policy No. _____</p>
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<p>Dentist to be called in an emergency: _____ Phone No. _____</p> <p>Insurance Company: _____ Insurance Policy No. _____</p>

Food or Medication Allergies:

Current Medications:

Special Health Conditions:

I hereby grant permission for Kids Club program staff to take whatever steps may be necessary to obtain emergency medical care if warranted. These steps may include but are not limited to the following:

1. Attempt to contact parent or guardian.
2. Attempt to contact the child's physician.
3. Attempt to contact a parent/guardian through any of the persons listed on the Emergency Information form you completed.
4. If we cannot contact you or your child's physician, we will do any or all of the following: (a) Call another physician or paramedics or (b) Call an ambulance
5. Any expenses under number 4 above will be borne by the child's family.

Parent/Guardian Signature

Date

Pickup Authorization

Child's Name: _____

The people listed below have my authorization to pick up my child from the program. I will inform my child's provider each time a special pickup is necessary.

Name	Relation to Child	Phone Number

These people are **NOT** allowed to pickup my child.

Name	Relation to child

Of these authorized individuals, I appoint _____ as an emergency contact in my absence.

His/Her Address is: _____

His/Her Phone Number is: _____

Parent/Guardian Signature

Date