

Emergency Form Kids Club 2019

Youngest Child	Last Name	First	Middle	Birth Date	Male or Female
Second Child	Last Name	First	Middle	Birth Date	Male or Female
Third Child	Last Name	First	Middle	Birth Date	Male or Female

Parent/Guardian _____ Place of Employment _____

Home Address _____

Home Phone _____ Work Phone _____ Other Phone _____

Parent/Guardian _____ Place of Employment _____

Home Address _____

Home Phone _____ Work Phone _____ Other Phone _____

Hospital Preference _____ Insurance Carrier _____

Dentist _____ Insurance Carrier _____

Health Concerns: (If yes, please explain)

Ongoing health conditions? YES NO _____ Inhaler? YES NO _____

Allergies? YES NO _____ On Medication? YES NO _____

Important Information about your child's behavior that would be helpful to know: _____

Please read and initial each statement.

_____ I have reviewed the Kids Club Handbook and agree to the policies, procedures, and terms laid out in the handbook and understand that failure to comply with this handbook could result in additional fees and/or dismissal from the Kids Club/Homework Club Program.

_____ I hereby grant permission for my child(ren) to leave the school premises under staff supervision for walks, field trips, and/or activities.

_____ I give permission for my child(ren) to apply sunblock and/or insect repellent (rarely used) under the direction of Kids Club staff.

_____ I understand that I am responsible for all policies and procedures outlined in the Kids Club and Homework Club Handbook.

_____ I give Kids Club staff and St. Michael Catholic School personnel permission to exchange information for the health and safety of my child(ren).

_____ I give permission for my child(ren) to be included in pictures and publicity connected with Kids Club.

Persons authorized to pick up child(ren) and emergency contacts other than parents (minimum of 3):

Name	Relationship to Child	Address	Phone (include work/home and/or cell)
------	-----------------------	---------	---------------------------------------

Name	Relationship to Child	Address	Phone (include work/home and/or cell)
------	-----------------------	---------	---------------------------------------

Name	Relationship to Child	Address	Phone (include work/home and/or cell)
------	-----------------------	---------	---------------------------------------

Parent Signature _____	Date: _____
------------------------	-------------