

LAST NAME: _____

PROGRAM: _____

Participant Emergency Contact and Medical Information

Please check the program that the participant is registered for:

Summer Fun Alternatives for Kids Child Care Fun Camp Other _____

M F
Sex

Participant's Name

Date of Birth

Mother's/Guardian's Name

Father's/Guardian's Name

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Home Phone

Cell Phone

Home Phone

Cell Phone

Address

Address

City, ST ZIP Code

City, ST ZIP Code

Alternative Emergency Contacts

Primary Emergency Contact

Secondary Emergency Contact

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Home Phone

Cell Phone

Home Phone

Cell Phone

Address

Address

City, ST ZIP Code

City, ST ZIP Code

Medical Information

Allergies and/or Medical Conditions

Physician's Name

Phone Number

Medications/Equipment to be brought to site daily (including inhaler, epi-pen, etc.)

Emergency Procedure (feel free to attach additional information)

As a youth program, the safety of your child is our top priority. Therefore, we ask that you complete this form to ensure that our staff is fully aware of any of your child's medical conditions. In the event of an emergency, our supervising staff is trained in Infant/Child/Adult CPR and First Aid, including the use of an epi-pen and an inhaler. Please contact the department with any questions: (585) 248-6280.