



Emergency and Identification Information

Date _____

Child's Name _____ **School** _____
Street Address _____ **Grade** _____ **Gender** **M / F**
City State Zip _____ **Date of Birth** _____

Mother/Guardian/Mother's Domestic Partner _____ **Home Phone** _____
Address (if different from child's) _____ **Work Phone** _____
Employer _____ **Cell Phone** _____
City of Employment _____ **Email** _____

Father/Guardian/Father's Domestic Partner _____ **Home Phone** _____
Address (if different from child's) _____ **Work Phone** _____
Employer _____ **Cell Phone** _____
City of Employment _____ **Email** _____

Person Responsible for child _____

Child's Physician _____ **Phone** _____
Medical Insurance _____ **Insurance Number** _____
Allergies or Medical Limitations _____
Child's Dentist _____ **Phone** _____

LOCAL PERSONS (besides parents) AUTHORIZED TO PICK UP ANYTIME AND/OR TO BE CALLED IN CASE OF EMERGENCY

--Must be 18 years or older. Each family must provide TWO local contacts.--

UNDER NO CIRCUMSTANCES WILL YOUR CHILD BE RELEASED TO ANY ONE NOT KNOWN TO KIDS CLUB WITHOUT AUTHORIZATION FROM A PARENT OR GUARDIAN

Name _____ **Relationship to child** _____
Address _____ **Phone #1** _____
Authorized to pick up child Yes No **Phone #2** _____

Name _____ **Relationship to child** _____
Address _____ **Phone #1** _____
Authorized to pick up child Yes No **Phone #2** _____

Name _____ **Relationship to child** _____
Address _____ **Phone #1** _____
Authorized to pick up child Yes No **Phone #2** _____

Name _____ **Relationship to child** _____
Address _____ **Phone #1** _____
Authorized to pick up child Yes No **Phone #2** _____

Permission for Medical Treatment. Administrative procedures vary among medical personnel and medical facilities with regard to provision of medical care for a child in the absence of the parent. The exact procedure required by the physician or hospital to be used in emergencies should be verified in advance.

In case of an accident or an emergency, I authorize a Kids Club Staff Member to call 911 for such emergency treatment and measures as are deemed necessary for the safety and protection of the child, at my expense.

Parent/Guardian/Authorized Representative's Signature _____ Date _____

For KC Office Use Only	FDE	Rosters	Sign-In Sheet	Email	Check Log	Birthday Board	Med List/ Photo	Cubby	Outside	LDE	Rev 03182018
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