

Last Name Initial

# KIDSHORE EMERGENCY FORM

**Child's Name** \_\_\_\_\_ Nickname \_\_\_\_\_ M/F Birth Date \_\_\_\_\_ Age \_\_\_\_\_ Home Phone \_\_\_\_\_  
 Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
 1<sup>st</sup> Parent Name \_\_\_\_\_ Birth Date \_\_\_\_\_ Cell # \_\_\_\_\_ Home # \_\_\_\_\_  
 Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
 Employer Name \_\_\_\_\_ Address \_\_\_\_\_ Work Phone \_\_\_\_\_  
 2<sup>nd</sup> Parent Name \_\_\_\_\_ Birth Date \_\_\_\_\_ Cell # \_\_\_\_\_ Home # \_\_\_\_\_  
 Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
 Employer Name \_\_\_\_\_ Address \_\_\_\_\_ Work Phone \_\_\_\_\_  
 Email address to which program information can be sent \_\_\_\_\_

## EMERGENCY MEDICAL INFORMATION

Physician \_\_\_\_\_ Address \_\_\_\_\_ Phone \_\_\_\_\_  
 Dentist \_\_\_\_\_ Address \_\_\_\_\_ Phone \_\_\_\_\_  
 Insurance Company \_\_\_\_\_ Policy Number \_\_\_\_\_ Phone \_\_\_\_\_  
 Hospital Preference \_\_\_\_\_ Address \_\_\_\_\_ Phone \_\_\_\_\_

Is your child on any medications: Type \_\_\_\_\_ For \_\_\_\_\_ Times \_\_\_\_\_

If your child needs medication while in our care, we require a doctor's note as well as a written consent form from the parent.

Parent consent forms are available in the Kidshore Office. All medications must be given to the Director.

Does your child have any dietary restrictions? Type \_\_\_\_\_ For \_\_\_\_\_ Reaction \_\_\_\_\_

Does your child have any allergies? Type \_\_\_\_\_ Reaction if exposed \_\_\_\_\_

Does your child have any physical or emotional medical conditions we should be aware of? YES NO Please explain \_\_\_\_\_

## SPECIAL ACCOMMODATIONS MUST BE DISCUSSED WITH THE DIRECTOR PRIOR TO ADMITTANCE

Check illnesses child has had: \_\_\_\_\_ Measles \_\_\_\_\_ Mumps \_\_\_\_\_ German Measles \_\_\_\_\_ Chicken Pox \_\_\_\_\_ Strep Throat \_\_\_\_\_ Scarlet  
 Fever \_\_\_\_\_ Rheumatic Fever \_\_\_\_\_ Drug Reactions: \_\_\_\_\_  
 Contact with Tuberculosis: Yes \_\_\_\_\_ No \_\_\_\_\_ If Tuberculosis Test: Date \_\_\_\_\_ Result \_\_\_\_\_ If Chest X-Rayed: Date \_\_\_\_\_ Result \_\_\_\_\_

**Physician Signature: X** \_\_\_\_\_ **(children 4 years and younger)**

**EMERGENCY CONTACT AND RELEASE INFORMATION** The following adult(s) listed below are considered emergency contacts and are allowed to pick your child up from our programs. Please make sure to include ANY AND ALL people who may pick up your child. If you need to add or delete a name, please contact the Program Director.

Authorized Name	Relationship	Age	Home Phone	Address	Work Phone	Cell Phone

I acknowledge that these are the only persons to my knowledge that will be picking my child up from the club. I understand that my child will not be released to someone not listed above unless prior arrangements have been made with the Program Director.

**Parent/Guardian Signature: X** \_\_\_\_\_ **Date:** \_\_\_\_\_

**TRANSPORTATION/FIELD TRIPS** I understand that Field Trips are a regular part of Kidshore's school age drop-off programs. At this time, children 4 years old and under do not take field trips. I agree to allow my child to attend all field trips and to having my child transported by charter bus or walking. If after viewing the field trip schedule, I do not want my child to attend a field trip, I agree to fill out an Activity Waiver available in the Kidshore office. All field trips will be announced in advance.

**Parent/Guardian Signature: X** \_\_\_\_\_ **Date:** \_\_\_\_\_

**SUNSCREEN** I understand that I am responsible for providing my child with labeled sunscreen each day. I understand that it is my responsibility to check the ingredients of the sunscreen to ensure my child does not have any allergies. I give my permission to the Kidshore staff to apply the sunscreen to my child. If I have not provided sunscreen, the Kidshore staff will apply "NO-AD Sunscreen, SPF 30."

Allergies to sunscreen: Yes \_\_\_\_\_ No \_\_\_\_\_ Symptoms \_\_\_\_\_

**Parent/Guardian Signature: X** \_\_\_\_\_ **Date:** \_\_\_\_\_

**MOVIES** I give my permission to the Kidshore staff to show G/PG movies to my child. Our Director will deem all movies appropriate for children before showing the movie.

**Parent/Guardian Signature: X** \_\_\_\_\_ **Date:** \_\_\_\_\_

**PHOTO RELEASE** I authorize Lakeshore Athletic Club to use my pictures or my child's picture in any publications that they create.

**Parent/Guardian Signature: X** \_\_\_\_\_ **Date:** \_\_\_\_\_

**MEDICAL AUTHORIZATION AND LIABILITY RELEASE** I agree to assume full risk and to waive, relinquish and release all claims that I and/or the participant may have against, indemnify, hold harmless and defend Lakeshore Athletic Club. This includes as well its' officers, agents, servants, and employees from any such claims resulting from injury, damages or loss sustained on account of participation in the program. I understand that I am responsible for all personal medical insurances and that participants must cover any medical cost incurred. I understand that every precaution is taken to protect the safety of each participant. I agree to emergency treatment by a physician or hospital in the event that the emergency contact or I cannot be reached.

**Parent/Guardian Signature: X** \_\_\_\_\_ **Date:** \_\_\_\_\_