

**Prospect Heights Park District Emergency Card
KinderStop 2009-2010 School Year**

Kinder



Stop here Before or After Kindergarten

SCHOOL: _____ Teacher _____

Child's Full Name _____ Male or Female (Please circle)

Address _____

Home Phone _____ Birth Date _____

Mother or Legal Guardian's Name _____

Cell Number _____ Work Phone _____ Ext _____

Father or Legal Guardian's Name _____

Cell Number _____ Work Phone Number _____ Ext _____

Which parents/legal guardians listed above may we contact if a need arises? Mother Father

Which parents/legal guardians listed above are authorized for pick-up? Mother Father

In the event a parent/legal guardian cannot be reached during an emergency or illness, I authorize the following individuals to be contacted to pick up my child. One contact must be a local resident.

Name, Relationship & Phone Number

1) _____

2) _____

Medical History:

Allergies _____

List all medications taken currently _____

Does your child need any special accommodations in order to be successful in this program?

Family Physician _____ Phone _____

Consent for Treatment:

This consent will be valid August 2008 – June 2009 or until rescinded in writing by the parent or guardian. If at any time, an emergency occurs, and we are not able to reach a parent/guardian or secondary contacts, I hereby authorize the Prospect Heights Park District to take emergency measures as necessary to ensure my child's health and welfare. I will assume responsibility for any fees incurred in the administration of such medical treatment. I hereby grant permission for the emergency transportation and treatment of my child and the release of this registration form, which provides medical and other emergency information.

Signature of parent/legal guardian completing this form _____

Relationship _____ Date _____