VALMEYER SCHOOL KIDS CLUB
Emergency Information

For: Child's Name **(One Child per form)** Age Sex Birth date

_____ _____ _____ _____

To be completed and signed by parent or guardian:

Father:_____ **Home Phone #:**_____
Address:_____ **Cell Phone #:**_____
_____ **Pager #:** _____
Work Name:_____ **Work Phone:** _____
Occupation:_____

Mother: :_____ **Home Phone #:**_____
Address:_____ **Cell Phone #:**_____
_____ **Pager #:** _____
Work Name:_____ **Work Phone:** _____
Occupation:_____

If divorced or separated, please make us aware of any special circumstances.

_____
_____
_____

List of Persons Authorized to Pick Up Children (excluding parents)

Name:	Relationship:	Phone #:
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Check below any information you feel that our personnel should know to help ensure the safety and well being of the above child. In case of EMERGENCY this health statement may be our only source of accurate and important information. PLEASE be as ACCURATE as POSSIBLE. Information is considered CONFIDENTIAL.

Year of Illness:

_____Appendicitis
_____Asthma
_____Chicken Pox
_____Diabetes
_____Epilepsy
_____Frequent Colds
_____German Measles
_____Tonsillitis
_____Heart Disease
_____Measles
_____Mumps
_____Hay Fever
_____Rheumatic Fever
_____Seizures
_____Sinus Trouble
_____Scarlet Fever
_____Ear Infection
_____Sunstroke

Immunization for:

_____Diphtheria
_____Measles
_____Poison Ivy
_____Polio
_____Tetanus
_____Small Pox
_____Whooping Cough

_____**All Immunizations Current**

(CONTINUED ON BACK SIDE)

Please list any medical history which would be pertinent in an emergency:

_____

_____

_____

Surgery: _____

_____

_____

Allergies: Foods, Insect, Others

_____

_____

_____

Is the child currently receiving medicine?

_____

_____

_____

Are there restrictions that should be observed by the child during any events?

_____

_____

PARENTAL CONSENT FORM FOR MEDICAL TREATMENT

(We) (I) here by grant permission to the Kids Club Staff to secure medical care/treatment as _____ **may require for the period from the start of school year to the end of school year. This permission is conditional upon the understanding that in the event of serious injury/illness or the need for tests/X-rays or surgery, the Kids Club Staff will use all reasonable efforts to contact me. If an EMERGENCY is such that IMMEDIATE MEDICAL ATTENTION is required, 9-1-1 will be called. I agree to hold Kids Club and its employees harmless.**

Child's Name

PARENTS WILL BE RESPONSIBLE FOR MEDICAL COSTS INCURRED.

Preferred HOSPITAL_____ **Phone #**_____
Address:_____
INSURANCE COMPANY_____ **ID #**_____
Child's Physician_____ **Phone #**_____
Child's Dentist_____ **Phone #**_____
Child's Eye Doctor_____ **Phone #**_____

CHILD'S BLOOD TYPE:_____
Medicine Allergies:_____
Special Health Conditions_____
_____

SCHOOL YEAR_____

Date: _____ _____
(Signature of Parent or Guardian)

Date:_____ _____
(Signature of Parent or Guardian)

Date:_____ _____
Signature of Notary Public