



# Child Emergency & Permission Slip Forms

Child's Name: \_\_\_\_\_ Sex: M F Birth Date: \_\_\_\_\_ Age: \_\_\_\_\_

Mother: \_\_\_\_\_ Father: \_\_\_\_\_ Guardian: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ Zip: \_\_\_\_\_

## **EMERGENCY CONTACTS:**

Parent/Guardian's Name: \_\_\_\_\_ Parent/Guardian's Name: \_\_\_\_\_

Home Phone Number: \_\_\_\_\_ Home Phone Number: \_\_\_\_\_

Work Phone Number: \_\_\_\_\_ Work Phone Number: \_\_\_\_\_

Cell Phone Number: \_\_\_\_\_ Cell Phone Number: \_\_\_\_\_

Email: \_\_\_\_\_ Email: \_\_\_\_\_

Alternative Contact: \_\_\_\_\_ Alternative Contact: \_\_\_\_\_

Home Phone Number: \_\_\_\_\_ Home Phone Number: \_\_\_\_\_

Work Phone Number: \_\_\_\_\_ Work Phone Number: \_\_\_\_\_

Cell Phone Number: \_\_\_\_\_ Cell Phone Number: \_\_\_\_\_

## **EMERGENCY INFORMATION:**

Consent for Medical Treatment: As the parent/legal guardian, I hereby give consent to the Carmichael Recreation and Park District to obtain all emergency medical or dental care deemed necessary by a duly licensed physician (M.D.) or dentist (D.D.S.) for (child's name) \_\_\_\_\_. This care may be given under whatever conditions are necessary to preserve the life, limb or well-being of my dependent.

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

Medical Conditions: \_\_\_\_\_ Physician: \_\_\_\_\_

Allergies: \_\_\_\_\_ Address: \_\_\_\_\_

Current Medications: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Dentist: \_\_\_\_\_ Hospital Desired: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Insurance Company: \_\_\_\_\_

## **AUTHORIZED INDIVIDUALS TO BRING AND TAKE YOUR CHILD TO AND FROM THE FACILITY:**

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

## HEALTH HISTORY:

1. Past Illnesses: Mark illnesses that your child has had and approximate dates.

YES	NO	ILLNESS	DATE
		Asthma	
		Diabetes	
		Chicken Pox	
		Epilepsy	
		Hay Fever	
		Measles (3 days)	

YES	NO	ILLNESS	DATE
		Measles (10 days)	
		Mumps	
		Poliomyelitis	
		Rheumatic Fever	
		Whooping Cough	

2. Infectious Diseases? No \_\_\_ Yes \_\_\_ (If yes, please explain)

\_\_\_\_\_

3. Other Serious/Severe Illness/Accidents? No \_\_\_ Yes \_\_\_ (If yes, please explain)

\_\_\_\_\_

4. Does your child have any diet/food restrictions? No \_\_\_ Yes \_\_\_ (If yes, please explain)

\_\_\_\_\_  
\_\_\_\_\_

5. Is your child diabetic and/or require special medical attention? No \_\_\_ Yes \_\_\_ (If yes, please explain)

\_\_\_\_\_  
\_\_\_\_\_

6. What is your overall evaluation of your child's health?

\_\_\_\_\_  
\_\_\_\_\_

7. Does your child tire easily? No \_\_\_ Yes \_\_\_ (If yes, please explain)

\_\_\_\_\_

8. How does your child get along with parents, siblings, and other children?

\_\_\_\_\_  
\_\_\_\_\_

9. How does your child handle group experiences?

\_\_\_\_\_  
\_\_\_\_\_

10. Does your child have any special problems (fears, etc.)? No \_\_\_ Yes \_\_\_ (If yes, please explain)

\_\_\_\_\_  
\_\_\_\_\_

11. Does your child have any disabilities? No \_\_\_ Yes \_\_\_ (If yes, please explain)

\_\_\_\_\_  
\_\_\_\_\_

12. What is your overall evaluation of your child's personality?

\_\_\_\_\_  
\_\_\_\_\_

13. Comments?

\_\_\_\_\_  
\_\_\_\_\_