

MEDICAL HISTORY:

Child's Name: _____ Age: _____ Date of Birth: _____

Is your child in general good health? () Yes () No

Is your child on any regular medication? () Yes () No

If so, why and when does it need to be taken? _____

*** Note: All medication must be in their original contain or with complete labels. Medication must be accompanied by a written physician's order. Medication is not transferable.**

Does your child have any allergies? () Yes () No

If so, please list the triggers and how we could best respond? _____

Is your child allergic to any food or medication? () Yes () No

If so, please list the triggers and how we could best respond? _____

Does your child have any physical limitations that may prevent him/her from participating in our program?

() Yes () No If so, please explain: _____

In case of emergency:

Every attempt will be made to contact a parent/guardian first, in the event they cannot be reached----

Who should we contact involving your child's welfare? _____

Relationship to child: _____ Contact Number(s): _____

Hospital Preference: _____

Child's Doctor: _____ Phone Number: _____

Child's Dentist: _____ Phone Number: _____

Insurance Carrier: _____ Phone Number: _____

*****All registrations and weekly payments must be made by Monday of the week attending*****

Parent/Guardian Agreement:

*I herby certify that my child (print participant's name) _____
is in normal health and has my permission to participate in all planned After School Student Care & Fun Club activities. In the event of an emergency, if neither parent nor the emergency contact person can be reached, I give my permission to the CCCC staff to secure emergency medical attention. Prudent attempts will be made to contact the parents or guardian immediately. I understand relate medical expenses for this medical attention will be my responsibility. **By signing this, I am acknowledging that the above information is accurate. Also I acknowledge I have fully read and understand the policies and procedures of the After School Student Care & Fun Club Programs and that I agree to the information in the Parent Handbook.***

Parent/Guardian Signature: _____ Date: _____