

Emergency Information

Any Medical or Physical Disabilities? Yes No

If Yes, Please Explain: _____

Allergies: _____

Medication: _____

Note: Additional Forms must Be Completed by the Parent for Any Child Receiving Medication During the program. Please See Your Child's Program Director.

Names to Call in an Emergency, If the above Listed Parents Cannot Be Reached:

1) **Name:** _____ **Relation:** _____

Address: _____ **City** _____ **Day Phone:** () _____

2) **Name:** _____ **Relation:** _____

Address: _____ **City** _____ **Day Phone:** () _____

3) **Name:** _____ **Relation:** _____

Address: _____ **City** _____ **Day Phone :**() _____

I hereby authorize the staff representing the Streamwood Park District to arrange for emergency medical care for my child, _____, or be released only to the people listed previously.

My child has permission to go on short walks off the premises and field trips during the Afterschool Programs. I understand that he/she will be supervised and that safety rules will be enforced.

Parent/guardian Signature

Date