2018-2019 P.A.L.S.

REGISTRATION / EMERGENCY FORM

Name of Child: _____
(Only one child per form) First Middle Last

Birthdate: _____ Age: _____ Sex: F M (circle one) Grade: _____ Room #: _____

Home Phone #: _____ Home Address: _____
Street City Zip Code

Child's School: _____ Teacher: _____

PARENT/GUARDIAN INFORMATION & EMERGENCY CONTACT

Parent/Guardian Name(s): _____

Home Phone #: _____ Cell phone #: _____ Work phone #: _____

Address (if different from child's): _____
Street City Zip Code

Emergency Contact Name: _____ Relationship to Child: _____

Home Phone #: _____ Cell Phone #: _____ Work Phone #: _____

Emergency Contact's Address: _____
Street City Zip Code

Emergency Contact Name: _____ Relationship to Child: _____

Home Phone #: _____ Cell Phone #: _____ Work Phone #: _____

Emergency Contact's Address: _____
Street City Zip Code

My child may NOT be released to the following individuals: _____

_____

PARENTAL CONSENT

Yes	*No*	
❑	❑	Is your child's annual school medical form updated and on file with the school?
❑	❑	Are your child's immunizations current and is he/she in good health?
❑	❑	Does your child have health concerns that program staff should be aware of? (list allergies, restrictions, etc)

_____

❑ ❑ Are there activities your child should not participate in? (list) _____

_____

❑ ❑ May program staff apply sunscreen, insect repellant and general first aid while in after school care?

❑ ❑ May program staff photograph, videotape and interview your child for program promotion, recognizing that this information may be used on the web, television, radio and in print?

I hereby certify that by completing and signing this form, it is with my full knowledge and consent that my son/daughter/ ward may participate in P.A.L.S. Health information on file with the school may be released in order to secure emergency medical treatment.

Parent/Guardian: _____ **Date:** _____