

SCHOOL AGE PROGRAMS EMERGENCY FORM



JUAN DE FUCA RECREATION CENTRE

Date of Enrollment:

First Date of Attendance:

Personal Information

CHILD'S NAME:

BIRTHDATE:

Name Child Responds to:

SEX:

ADDRESS:

Parent/Guardian
Home Phone
Work Phone
Cell Phone

Parent/Guardian
Home Phone
Work Phone
Cell Phone

Child's Medical Doctor

Phone #

Child's Dentist

Phone #

Child's Medical Insurance #

Emergency Contact #1:

Phone #

Emergency Contact #2:

Phone #

Child Release

Please list ALL the people who are allowed to pick up your child. Children are not allowed to leave with any other person with out **WRITTEN AUTHORIZATION** from a parent or guardian.

#1:
#2:
#3:

Ph. #
Ph. #
Ph. #

Relationship:
Relationship:
Relationship:

Other Children Living at Home

Name:

Birthdate:

Name:

Birthdate:

Experience

Has your child had previous experience away from home? (Day Care, Preschool, Sunday School, Etc.)

Where:

Dates of Attendance:

LICENSED Afterschool Care Program EMERGENCY FORM

Health & Special Considerations

What special considerations should we be aware of, to better meet your child's needs. (Check Appropriate Boxes)

Hearing	<input type="checkbox"/>	Speech	<input type="checkbox"/>	Emotional/Psychological	<input type="checkbox"/>
Visual	<input type="checkbox"/>	Intellectual (Mental)	<input type="checkbox"/>	Multiple Disabilities	<input type="checkbox"/>
Physical	<input type="checkbox"/>	Learning	<input type="checkbox"/>	Seizures	<input type="checkbox"/>
Asthma	<input type="checkbox"/>	ADHD/ADD	<input type="checkbox"/>	Other: _____	<input type="checkbox"/>
Behavioral Concerns	<input type="checkbox"/>	Medical or Health Conditions/Restrictions	<input type="checkbox"/>	Other: _____	<input type="checkbox"/>
Allergies	<input type="checkbox"/>	No Considerations	<input type="checkbox"/>	Other: _____	<input type="checkbox"/>

Explain further what these considerations are?

How can our staff better meet your child's needs?

A Staff Member may contact you for further clarification.

Child's Swimming Ability

Please indicate your child's swimming ability: (NOTE: This section is not applicable to Preschool Programs)

Strong Swimmer (Deep Water/ Deep Pool)	<input type="checkbox"/>	Capable Swimmer (Up to Shoulder/ Shallow End of Big Pool)	<input type="checkbox"/>	Weak Swimmer Waist Deep/ Shallow End of Big Pool	<input type="checkbox"/>	Non- Swimmer Shallow Water Small Pool Only	<input type="checkbox"/>
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Further Swimming Related Comments:

EMERGENCIES

- It is our policy that we notify a parent or guardian when a child is ill or needs medical attention. Occasionally, we cannot contact parents and need to get immediate help for the child. In such cases, our procedure is to call Emergency Services (911).
- Please sign the consent below so that we can take appropriate action on behalf of your child. This consent would go along with your child to the emergency center.

I HEREBY GIVE MY CONSENT FOR A STAFF MEMBER TO CALL A MEDICAL PRACTITIONER OR AMBULANCE FOR MY CHILD IN THE CASE OF ACCIDENT OR ILLNESS IF I CANNOT IMMEDIATELY BE REACHED.

SIGNATURE OF PARENT/GUARDIAN: DATE:

FIELD TRIPS

By signing below, you are also giving your permission for your child to join us on summer camp fieldtrips.

SIGNATURE OF PARENT/GUARDIAN: DATE:

PHOTOS

Sign below if you **CONSENT TO** photos of your child (taken in our programs) to be used in future JdF promotional material.

SIGNATURE OF PARENT/GUARDIAN: DATE: