ST. ANTHONY COMMUNITY CENTER
"Afterschool 2018-19"

Emergency/Medical Information

(NOTE: This form MUST be completed and returned with the Registration package including the non-refundable Registration Fee and the first month's payment. Children may not start the program until the full registration is received.)

_____ _____ _____ _____
Child's Name Grade next fall Age DOB

In case of illness or emergency, please list names and telephone numbers to be called if a parent cannot be reached. (PLEASE PRINT)

_____ _____ _____
Name Relationship Phone number

_____ _____ _____
Name Relationship Phone number

_____ _____ _____
Name Relationship Phone number

In an event of an emergency and I cannot be reached, I hereby give my permission for my son/daughter to be given immediate medical care at a hospital or other medical facility.

Family Doctor's Name _____ Phone: _____

TO BE COMPLETED BY PARENT OR GUARDIAN

Does your child have any physical conditions we should be aware of? _____

_____

Does your child require any special attention, or routines that would be helpful to take into consideration? If so, what? _____

Medical/Orthopedic/Emotional Conditions? _____

Allergies? If so, which child (if applicable) and what? _____

_____

Medications taken daily? _____
(**Please note:** Mediations cannot be administered by program staff. Please make arrangements to have any required medications administered either before or after program.)

_____ _____
Parent/Guardian Signature **Printed** **Date**