



Child Emergency & Permission Slip Forms

Child's Name: _____ Sex: M F Birth Date: _____ Age: _____

Mother: _____ Father: _____ Guardian: _____

Address: _____ City: _____ Zip: _____

EMERGENCY CONTACTS:

Parent/Guardian's Name: _____ Parent/Guardian's Name: _____

Home Phone Number: _____ Home Phone Number: _____

Work Phone Number: _____ Work Phone Number: _____

Cell Phone Number: _____ Cell Phone Number: _____

Email: _____ Email: _____

Alternative Contact: _____ Alternative Contact: _____

Home Phone Number: _____ Home Phone Number: _____

Work Phone Number: _____ Work Phone Number: _____

Cell Phone Number: _____ Cell Phone Number: _____

EMERGENCY INFORMATION:

Consent for Medical Treatment: As the parent/legal guardian, I hereby give consent to the Carmichael Recreation and Park District to obtain all emergency medical or dental care deemed necessary by a duly licensed physician (M.D.) or dentist (D.D.S.) for (child's name) _____. This care may be given under whatever conditions are necessary to preserve the life, limb or well-being of my dependent.

Parent/Guardian Signature: _____ Date: _____

Medical Conditions: _____ Physician: _____

Allergies: _____ Address: _____

Current Medications: _____ Phone Number: _____

Dentist: _____ Hospital Desired: _____

Phone Number: _____ Insurance Company: _____

AUTHORIZED INDIVIDUALS TO BRING AND TAKE YOUR CHILD TO AND FROM THE FACILITY:

Name: _____ Relationship: _____

Name: _____ Relationship: _____

Name: _____ Relationship: _____

Name: _____ Relationship: _____

HEALTH HISTORY:

1. Past Illnesses: Mark illnesses that your child has had and approximate dates.

YES	NO	ILLNESS	DATE
		Asthma	
		Diabetes	
		Chicken Pox	
		Epilepsy	
		Hay Fever	
		Measles (3 days)	

YES	NO	ILLNESS	DATE
		Measles (10 days)	
		Mumps	
		Poliomyelitis	
		Rheumatic Fever	
		Whooping Cough	

2. Infectious Diseases? No ___ Yes ___ (If yes, please explain)

3. Other Serious/Severe Illness/Accidents? No ___ Yes ___ (If yes, please explain)

4. Does your child have any diet/food restrictions? No ___ Yes ___ (If yes, please explain)

5. Is your child diabetic and/or require special medical attention? No ___ Yes ___ (If yes, please explain)

6. What is your overall evaluation of your child's health?

7. Does your child tire easily? No ___ Yes ___ (If yes, please explain)

8. How does your child get along with parents, siblings, and other children?

9. How does your child handle group experiences?

10. Does your child have any special problems (fears, etc.)? No ___ Yes ___ (If yes, please explain)

11. Does your child have any disabilities? No ___ Yes ___ (If yes, please explain)

12. What is your overall evaluation of your child's personality?

13. Comments?

