



Before/After School Site: _____

Kid Central 2016- 2017 School Year EMERGENCY INFORMATION FORM



Child's Name (last, first)			Grade in 2016-2017	Age
Home Address	City	Zip	School Child Attends	
Date of Birth	Gender: M F		Track: A <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/> D <input type="checkbox"/> TRADITIONAL <input type="checkbox"/> MODIFIED TRADITIONAL <input type="checkbox"/>	

PARENT/GUARDIAN INFORMATION (Parents listed on this form may pick up child from program)				List Phone Numbers in Order of Priority	
Mother's Name				1 st Phone number to use to contact mother:	
Address				2 nd Phone	
City	State	Zip	3 rd Phone		
Employer				Email	
Father's Name				1 st Phone number to use to contact father:	
Address				2 nd Phone	
City	State	Zip	3 rd Phone		
Employer				Email	

NAMES OF ALL PERSONS AGE 18 OR OLDER WHO MAY PICK UP CHILD AND/OR BE CALLED IN EMERGENCY						
Name	Relationship to Child	Daytime Phone	Emergency		Pick Up	
			Yes	No	Yes	No
			Yes	No	Yes	No
			Yes	No	Yes	No
			Yes	No	Yes	No
			Yes	No	Yes	No

MEDICAL INFORMATION: Physician/Dentist to be called, if needed, in Emergency (will call 911 when necessary)

Physician Name: _____ Phone: _____

Dentist Name: _____ Phone: _____

Local Hospital Preferred for Emergency Treatment: _____

Child's Medical Insurance: _____ Medical Insurance Number: _____

Medication child currently taking: _____ Allergies or dietary restrictions: _____

Other concerns or behavior issues: _____

HOLD HARMLESS AGREEMENT

The Cosumnes Community Services District, their officers and employees, and any co-sponsor of this activity are not responsible for any injury which may be suffered by the participant while traveling to, during, or returning from the activity designated in this notice. The sponsoring agency has no medical insurance for individuals, and any injury to, or caused by, the participant will be the participant's sole and exclusive responsibility. Participant, or his/her parent or guardian if actual participant is under 18, shall be solely and exclusively responsible for any and all property damage, personal or private, which the individual may cause during the course of an activity such as designated in this notice. Additionally, the participant, or parent or guardian if actual participant is under 18, acknowledges that the CSD reserves the right to photograph facilities, activities, and program participants for potential future use for publicity or promotion purposes only. **"By signing below, I acknowledge that I have read and understand this notice and, if I am signing on behalf of a participant under the age of 18, I attest that I am that participant's legal guardian."**

I have read and understand this notice. I have read and I understand the terms of the 2016-17 Kid Central Registration Contract and the 2016-17 Kid Central Parent Handbook and I am signing below as an indication of my intent to have my child, _____, participate in Cosumnes CSD Parks & Recreation Department's Kid Central program. (Child's first and last name)

Parent /Guardian Signature _____ Date _____

Accommodations Needed
Food Allergies