



Before/After School Site: \_\_\_\_\_

**Kid Central**  
**2011- 2012 School Year**  
**EMERGENCY INFORMATION FORM**



<b>Child's Name (last, first)</b>		Grade in 2011-2012	Age
Home Address		School Child Attends	
Date of Birth	Gender: <b>M</b> <b>F</b>	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)

<b>Mother's Name</b>			Home Phone
Address			Cell Phone
City	State	Zip	Work Phone
Employer			Email

<b>Father's Name</b>			Home Phone
Address			Cell Phone
City	State	Zip	Work 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

**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 Registration Contract and the 2011-12 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 Accommodations Needed

\_\_\_\_\_  
 Date Food Allergies