

Emergency Information and Contacts

Child's Name: _____ DOB _____ Male/Female _____

I authorize Junior Academy of Victoria Park staff in the facility who are trained in the basics of first aid to give my child first aid when appropriate. I understand that every effort will be made to contact me in the event of an emergency requiring medical attention for my child. However, if I cannot be reached, I hereby authorize the Junior Academy of Victoria Park to transport my child to the nearest medical care facility and/or to _____, and to secure necessary medical treatment for my child. I understand that in some medical situations the Junior Academy of Victoria Park staff will need to contact the local emergency resources before the parent, child's physician and/or other adults acting on the parent's behalf.

Child's Physician Name: _____

Address: _____

Home Phone Number(s): _____

Child's Allergies: _____ Chronic Health Conditions _____

Emergency Contacts (In order to be contacted):

1. Name: _____ Address: _____

Relationship to child: _____ Phone # _____

Do you give your permission for your child to be released to this person? Yes: ___ No: ___

2. Name: _____ Address: _____

Relationship to child: _____ Phone # _____

Do you give your permission for your child to be released to this person? Yes: ___ No: ___

3. Name: _____ Address: _____

Relationship to child: _____ Phone # _____

Do you give your permission for your child to be released to this person? Yes: ___ No: ___

Any expense for medical care or transportation involved with a medical emergency, which is an inherent risk, WILL BE BORNE BY THE PARENT.

Name of Health Insurance Company: _____ Policy # _____

Group # _____ Parent/Guardian Signature: _____

Extra Security is in place! Please print below a 4 to 6 letter code word to be kept on file at Junior Academy of Victoria Park. If you cannot pick up your child, call the school to notify the director. This code will be confidential and kept in your child's file. Any authorized pick-up person will be asked to show photo ID upon arrival at the school. This code word is utilized to identify you when you call our staff.

CODE WORD: *(please print)* _____

School Activities

I hereby grant permission for my child, _____

to use all play and school student equipment and participate in all activities of the school.

Parent/Guardian Signature: _____ Date: _____

By signing below, I am verifying that all of the information I have provided is true and accurate and I agree to abide by the terms set forth.

Parent/Guardian Signature: _____ Date: _____