



College for Kids Emergency Contact Information

Last Name (Student/Participant): _____

First Name (Student/Participant): _____

Date of Birth: _____

Parent/Guardian Email Address: _____

Primary Phone: _____

Address: _____

City: _____

State: _____

Zip: _____

PLEASE LIST BEST DAYTIME PHONE NUMBER:

Parent/Guardian Name: _____ Primary #: _____ Alternate #: _____

Parent/Guardian Name: _____ Primary #: _____ Alternate #: _____

In the event of an accident or illness, I do hereby consent to whatever x-ray examination, anesthetic, medical, surgical or dental diagnosis or treatment and hospital care considered necessary in the best judgment of the attending physician, surgeon, or dentist and performed under the supervision of a member of the medical staff of the hospital or facility furnishing medical or dental services. Further, I agree that the District and its personnel are not legally or financially responsible or liable for any claim arising from any consent given in good faith in connection with diagnosis or advised treatment.

EMERGENCY CONTACT (Other Than Parent/Guardian) - I AUTHORIZE THESE ADDITIONAL PERSONS TO PICK UP MY CHILD (IN-PERSON CAMPS ONLY):

Name: _____ Relationship: _____ Phone: _____

Name: _____ Relationship: _____ Phone: _____

Name: _____ Relationship: _____ Phone: _____

Please list any allergies (medication, food, other) and/or medical conditions: