ARLINGTON SUMMER BLAST 2010
EMERGENCY FORM

****This form *must be filled out neatly and legibly* and returned to us before your child may attend the Arlington Summer Blast. ****

Child's Name _____
Last First Middle

Date of Birth _____ Age _____ Grade _____

Child's Home Address _____ Home Phone _____
Street/ Apt #

_____
City State Zip

MOTHER'S NAME _____
Last First

Mother's Employer or School _____

Business Address _____

Business Telephone _____ Home Phone _____

Days Off _____ Cell Phone _____

FATHER'S NAME _____
Last First

Father's Employer or School _____

Business Address _____

Business Telephone _____ Home Phone _____

Days Off _____ Cell Phone _____

EMERGENCY CONTACTS: Please list AT LEAST TWO people who may be called in case of emergency.

1. Name _____ Telephone Number _____

Address _____

2. Name _____ Telephone Number _____

Address _____

Child's Physician _____ Telephone Number _____

Address _____
Street Address City State Zip

Child's Insurance Company: _____ Policy Number: _____

NON-CONFIDENTIAL MEDICAL CONDITIONS/ALLERGIES: _____

_____

Please list any medications child is on: _____

Please list any medications that child is allergic to: _____

In **EMERGENCIES** requiring immediate medical attention, your child will be taken to the NEAREST HOSPITAL EMERGENCY ROOM. This signature authorizes the responsible person at the child care facility to have your child transported to that hospital by ambulance and/or private vehicle and to seek emergency medical attention for your child.

. _____ Date: _____
Signature of Parent/Guardian

Updates (initials/date) _____