

Additional Contacts: (In case parents cannot be reached; other adults who may pick up the student or act as guardian or spokesperson in the case of an emergency, etc.)

<u>Name</u>	<u>Relationship</u>	<u>Phone #</u>
_____	_____	_____
_____	_____	_____
_____	_____	_____

EMERGENCY INFORMATION

PLEASE CHECK (✓) ANY CONDITIONS THAT APPLY TO YOUR CHILD	✓	ADDITIONAL COMMENTS
Allergies (food, insects, drugs, latex)		
Allergies (seasonal)		
Asthma or Breathing Problems		
Attention-Deficit/Hyperactivity Disorder		
Behavioral problems		
Bladder problems		
Bleeding problem		
Bowel problems		
Dental problems		
Developmental problems		
Diabetes		
Hearing Problems		
Heart Problems		
Muscle problems		
Previous Head injury, Concussions		
Seizures		
Sickle Cell Disease		
Speech problems		
Surgeries (Previous/Future)		
Vision problems		

For any conditions that were checked, please explain:

Describe any other important health-related information about your child:

(For example: chronic illness, hospitalizations, hearing aid, glasses, etc.)

List any/all prescription or over-the-counter medications your child takes regularly during the Create It Kids Club Program timeframe (9:00 - 4:00):

Do you need us to administer this medicine? Yes or No
At what time? _____

I give the Create It Kid Club Site Director permission to administer the following OTC drugs to my child, if needed: (Please mark all that apply):

Acetaminophen Aspirin Antacids
 Ibuprofen Benadryl Other: _____

Parent Signature _____ Date _____