



Emergency Contact Form 2018-2019

A new form is required each registration year or if your information changes

(This form is required for EACH CHILD you are registering to use KidsPark)

Contact Information

Start Date: _____

Child #1 Name: _____ Child Birth Date: _____

Child #2 Name: _____ Child Birth Date: _____

Best day number: _____ Best text number _____

Primary Address: _____

Parent 1's Name: _____ Email: _____ Day Ph: _____

Parent 2's Name: _____ Email: _____ Day Ph: _____

Non-Parent Emergency Contacts: Emergency contacts must be someone other than parent/guardian; are authorized to pick-up; and must be local and able to respond quickly in an emergency.

1) Name: _____ Phone: _____

Street Address: _____

City: _____ State: _____ Zip code: _____

2) Name: _____ Phone: _____

Street Address: _____

City: _____ State: _____ Zip code: _____

Doctor's Name: _____ Phone: _____

Allergies: _____

Significant Information: _____

Persons NOT AUTHORIZED to pick up your child. (Must be accompanied by legal document if prohibited individual is a parent or guardian.)

Name: _____ Phone: _____

Name: _____ Phone: _____

I hereby give my permission to KidsPark personnel and volunteers to act in an emergency situation when I cannot be reached or when the situation warrants immediate action. I understand my child will be transported to the nearest Emergency Room. If possible, transport my child to _____ Hospital.

Parent/Guardian Signature: _____ Date: _____