



BEFORE & AFTER SCHOOL CLUB

Health Card 2018-19

CONFIDENTIAL

PLEASE FILL OUT THIS CARD AND RETURN TO THE PARK DISTRICT BEFORE THE FIRST DAY OF ATTENDANCE.

Child's Name: _____ Age: _____ Birth Date: _____

Address: _____ Home Phone Number: _____

City/Zip: _____ Mom's Work Number: _____

Dad's Work Number: _____ Mom's Cell Number: _____

Dad's Cell Number: _____ Email: _____

Emergency Contact: _____ Relationship: _____

Emergency Phone: _____ Alternate Emergency Contact Name: _____

Alternate Emergency Contact Phone: _____

Doctor's Name: _____ Phone: _____

Allergies or special medical conditions. Please list: _____

Any medications to be brought and taken? Please list: _____

Parent/Guardian Signature: _____ Date: _____

