

Kids Club REGISTRATION

FALL 20___ / SPRING 20___

Today's date _____

Child's name _____ Nickname _____ Birthdate _____ Sex _____

Allergies/Medical Conditions _____
(See reverse side if applicable)

Siblings: (Names and ages) _____

Mother's name _____

Authorized to pick up? Yes ___ No ___

Address _____

Home phone _____

Cell phone _____

Work phone _____

Email address _____

May we share this with other parents? Yes ___ No ___

Father's name _____

Authorized to pick up? Yes ___ No ___

Address _____

Home phone _____

Cell phone _____

Work phone _____

Email address _____

May we share this with other parents? Yes ___ No ___

Emergency Contact / Pick Up (someone other than parents): _____
Name and Phone Number

EMERGENCY MEDICAL CONSENT

I, _____, hereby give my consent for *Emergency Medical Care* to be provided for my child _____ by *MUMC Kids Club* staff while (he/she) is in their care.

PHYSICIAN _____

Insurance Provider _____

Policy # _____ Phone # _____

In **EMERGENCIES** requiring immediate medical attention, 911 will be called and/or your child will be taken to the **NEAREST HOSPITAL EMERGENCY ROOM**. Your signature authorizes the responsible person at **MUMC Kids Club** to have your child transported to that hospital.

Signature of Parent/Legal Guardian _____ Date _____

Office Use Only: Days _____ Times: _____

Date Registration Received _____

Registration Fee (\$50) Check # _____

Please complete the following page ONLY if your child has medical conditions or emergency medical instructions. If medication must be given to your child, you must also have MSDE Medical forms completed by your Health Practitioner.

Complete the following items, as appropriate, if your child has a condition(s) which might require emergency medical care.

Childs Name: _____ Date of Birth: _____

Medical Conditions(s): _____

Medications currently being taken by your child: _____

EMERGENCY MEDICAL INSTRUCTIONS:

1. Signs/Symptoms to look for: _____

2. If signs/symptoms appear, do this: _____

3. To prevent incidents: _____

OTHER SPECIAL MEDICAL PROCEDURES THAT MAY BE NEEDED:

COMMENTS: _____