

SCLC EMERGENCY INFORMATION SHEET

Child's Name: _____ Date of Birth: _____

Parent/Guardian Name(s) : _____

Address(s): _____

Home phone: _____ Email: _____ @

Child's Cell Phone Number: _____ Child's email: _____ @

Parent/Guardian(s) Cell Phone Number(s): _____

HEALTH HISTORY OF CHILD: This information will be kept confidential. Attach additional sheet if necessary

Please list any allergies: _____

Describe your child's allergic reaction: _____

Other medical concerns: _____

Medications being used: _____

Please note that The Santa Cruz Learning Center cannot dispense any medications.

Does your child wear: glasses(), contact lenses(), hearing aid()

Any other information concerning your child's health that we should be aware of: _____

Child's Physician: _____ Phone # _____

Child's Dentist: _____ Phone # _____

My child has no condition that would prevent him/her from participating in the program or that the program's normal activities would aggravate: Yes(), No(). If yes, explain in detail on an attached additional sheet.

RELEASE INFORMATION: Choose the appropriate selection regarding you child's release from SCLC activities by initialing on the line.

_____ I authorize my child to leave the center without parental supervision by bike, car or on foot.

_____ Under no circumstances will a child be released to anyone without your written authorization. Photo identification is required for release to the following individuals. I give authorization for the following people to pick my child up from The Santa Cruz Learning Center:

Name: _____ Relationship: _____ Phone: _____

Name: _____ Relationship: _____ Phone: _____

EMERGENCY CONTACT INFORMATION: In the event of an emergency, if we are not able to contact a parent or guardian, who would you like us to contact?

Emergency Contact 1: _____ Phone: _____

Emergency Contact 2: _____ Phone: _____

In the event that neither I, nor my designee can not be contacted at the time of a medical emergency, I consent to emergency treatment determined necessary by a qualified physician.

Parent/Guardian Signature: _____ Date: _____

AUTHORIZATION AND CONSENT: As parent, legal guardian or agency representing the child named above, I hereby give consent to enroll my child in the specified program(s) operated by The Santa Cruz Learning Center. I recognize that my child must follow safety instructions, remain in areas designated by staff, and refrain from behavior that is harmful to him/her or others. Failure to do so will result in dismissal from program without refund. The Santa Cruz Learning Center's owners, staff and/or contractors will do their best to ensure a safe experience, however I understand that accidents do occur. I hereby release The Santa Cruz Learning Center from any and all responsibility and liability of any nature resulting in my child's participation in any program accident including claims for any injury, illness, death, loss or damage. I have informed Santa Cruz Learning Center of my child's medical conditions. All information given is accurate and true to the best of my knowledge.

Parent/Guardian Signature: _____ Date: _____

Print Name of Parent/Guardian: _____