



Chico Area Recreation and Park District Emergency Contact and Authorization Form

PLEASE NOTE: It is CARD's policy that any parent or legal guardian of a child enrolled in a CARD program shall have full access to CARD's file and account information for such child unless otherwise directed in writing by the Parent or Legal Guardian enrolling the child. If you wish to restrict access to your child's file, please request and complete the Directive to Restrict Access form.

Child's Name _____ DOB _____ Program _____

Child's Name _____ DOB _____ Program _____

	Parent/Guardian	Parent/Guardian
Name		
Address/City/Zip		
Cell Number		
Work Number		
Home Number		

Please Describe the Following for Your Child(ren)

- Behavioral/medical conditions: _____
- My child has allergic reactions to: _____
- My child is taking the following medication(s): _____

Please note: CARD is not permitted to store or dispense medication of any type. Please make alternate arrangements.

Authorization for Pickup and Additional Emergency Contacts:

Please list additional people who are authorized to pick up your child. Valid identification must be provided to staff upon request when picking up your child. **List in the order of who should be called in case of an emergency. Please Note: Only the Parent(s) or Legal Guardian(s) may designate and authorize others to pickup their children from CARD Programs.**

Name	Phone Number

I represent that I am the Parent or the Legal Guardian of the child(ren) and have full legal authority to register the child(ren) in the program and to determine and designate the emergency contact for the child(ren), as well as those persons authorized to pick-up the child(ren) at the conclusion of the CARD Program.

Parent/Legal Guardian Signature: _____

Date: _____ Print: _____