Print Form

CHICO AREA RECREATION AND PARK DISTRICT (CARD)
545 Vallombrosa Avenue, Chico, CA. 95926 (530) 895-4711 Fax (530) 895-4721

EMERGENCY FORM

Please complete this form.
The information will allow us to better serve the needs of your child.

Program/Activity Name: _____

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

Address: _____ Zip: _____

Home Phone #: _____

Parent's Name: _____ / _____
Mother Father

Parent's Work (location) & Phone #: _____
Mother

Parent's Work (location) & Phone #: _____
Father

Name and Number at which you can be reached during program hours

Name: _____ Phone #: _____

Emergency Name: _____ Phone #: _____

CARD IS NOT PERMITTED TO STORE OR DISPENSE MEDICATION OF ANY TYPE.
PLEASE MAKE ALTERNATE ARRANGEMENTS.

Is the child on any type of medication? If yes, please list:
_____

Please list any medical/behavioral conditions we should be aware of:
_____

Please list any allergies: _____

NAMES OF PEOPLE OTHER THAN YOURSELF WHO MAY PICK YOUR CHILD UP

Name: _____ Phone #: _____
Name: _____ Phone #: _____
Name: _____ Phone #: _____

_____ _____
Mother's Signature Date

_____ _____
Father's Signature Date