



# Chico Area Recreation and Park District Emergency Form

Participant's Name	Birthdate	Gender	Grade	Program Name

	Primary Parent	Secondary Parent (if applicable)
Name		
Address with Zip		
Primary Number		
Secondary Number		

In addition to the parent/s listed above, who is allowed to make changes to your child's pick-up list?

\_\_\_\_\_

**Pick-up List:** In addition to the parent/s listed above, please indicate individuals with their phone number who may pick up your child. Valid photo identification must be provided to staff upon request at pick up.

Name & Phone Number	Name & Phone Number
1. _____	4. _____
2. _____	5. _____
3. _____	6. _____

If your child has an allergy, behavioral, or medical condition that may impact them during this program, please indicate here. (CARD does not store, carry or administer medication. Participants are welcome to carry their medications (with them or on their person).)

\_\_\_\_\_

Signature: \_\_\_\_\_ Print Name: \_\_\_\_\_ Date: \_\_\_\_\_