CHICO AREA RECREATION & PARK DISTRICT

Child Care Programs

Emergency Form

Participant's Name	Birthdate	Sex	Grade in 20/21	Program Site

	Primary Parent	Secondary Parent
Name		
Address		
City/ State/ Zip		
Primary Number		
Secondary Number		

Only the Parent(s)/Legal Guardian(s) listed above may designate and authorize others to pick up their child(ren).
Valid identification must be provided to staff upon request at pick up.
Additional people who may pick up your child(ren):

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

Please describe the following for your child. If you have more than one child, please specify child.

- Behavioral or medical conditions that may impact them during this program:

_____

- Current medications we should be aware of: _____

MEDICATION and SPECIAL NEEDS
CARD only administers emergency life saving medication. If your child may need such medication or requires an accommodation due to a special need, required paperwork must be completed prior to the start of program. Please visit the CARD website at www.chicorec.com/forms-and-parent-resources.

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.

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.

Signature: _____ Print Name: _____ Date: _____