

# Sioux Center Christian School: Health and Family Information Form

The information on this form may be used for this child for these extended care services *(check all that apply)*:

Tales and Trails Summer Camp    Aftercare    Friday Kindercare    4Care

Child's Full Name:  Date of Birth:

Nickname/Preferred Name:

Address:  City:  State:  ZIP:

## Child Medical Information:

Significant illnesses and surgeries child has had (give age at time):

Any special health-related needs of child:

Food Allergies/Intolerances

Medical Allergies

Other Allergies

Medical Conditions/Injuries

Is there any defect of vision, hearing, or speech of which we should be aware, or could compensate by appropriate action?

Is this child subject to any conditions which limit classroom activities or physical education?

Is this child subject to any condition which may result in an emergency situation?

Is this child subject to any mental or physical condition for which he/she should remain under periodic medical observation?

Additional information you would like us to know about this child:

(parent initials) My signature at the end of this form certifies that immunization information concerning this child has been provided and is available in the SCCS file.

## Child Safety Information

List who may be picking up this child from the program(s) and their relationship to this child:

*A verified phone call, text, email, or note to staff will suffice if an individual not listed will be picking up*

Is this child allowed to walk or ride bike to and from the program unaccompanied? Yes  No

*Please note that the program will not provide this supervision and will not take responsibility for any injury the child suffers while not in our care.*

Is there anyone who is restricted from seeing or picking up this child? Please list and explain:

(continue on other side)

## Emergency Contacts

Please list two emergency contacts who are NOT parents or guardians.

Name:  Relationship:  Phone:

Name:  Relationship:  Phone:

Child's Primary Doctor:  Address/City:  Phone:

Child's Primary Dentist:  Address/City:  Phone:

Other Medical Professionals:  Address/City:  Phone:

*(who may need to be contacted in an emergency)*

## Family Information

1) Parent/Guardian Name:

Full Address (if different than child):

Mobile Phone:  Text? Yes No Home Phone:

Place of Employment:  Work Phone:

Email you check regularly:

2) Parent/Guardian Name:

Full Address (if different than child):

Mobile Phone:  Text? Yes No Home Phone:

Place of Employment:  Work Phone:

Email you check regularly:

I attest that the information on this form is accurate and up to date to the best of my knowledge.

In the event of an emergency (accident, illness, health or dental), I give my permission to the program staff to have my child treated by medical personnel. A staff member in charge shall make reasonable attempts to call me prior to and during emergency medical treatment.

I give permission for my child to travel in school vehicles or walk to off-campus sites during program activities.

I understand that if my child displays unacceptable behavior during the program, it may result in time away from the program.

I will not hold any program staff or staff of Sioux Center Christian School liable in the case of accident and/or injury.

Signature:  Date:

Printed Name: