

Summit Member#: _____



THE SUMMIT
MEDICAL FITNESS CENTER
KALISPELL REGIONAL HEALTHCARE

TYKE TOWN EMERGENCY FACT SHEET

The information you provide here will assist The Summit staff in providing your child with safe care in the case of an emergency.

PLEASE PRINT

Child's name: _____ DOB _____ Male _____ Female _____

Names and ages of siblings: _____

Parent/guardian: _____ Phone #: _____

Parent/guardian: _____ Phone #: _____

e-mail address _____

Mailing address: _____ City/Zip: _____

Doctor's name _____ Phone number _____

List any specific allergies _____

List any medications your child is currently taking: (Please note that Tyke Town staff cannot administer any kind of medication to your child.)

PLEASE CHECK THE APPROPRIATE ANSWER:

YES NO

_____ _____ Has your physician ever said your child has high blood pressure or cardiovascular disease?

_____ _____ Does your child have unusual shortness of breath upon exertion?

_____ _____ Does your child have a history of dizziness or fainting spells?

_____ _____ Does your child have a bone or joint problem that is aggravated by exercise, or may be made worse with exercise? If yes what type of injury/condition occurred and when?

_____ _____ Has your child had surgery or a medical procedure in the last year?
If yes, please describe.

_____ _____ When was the date of your child's last Tetanus shot? _____

_____ _____ Does your child have any other conditions that our staff should be aware of to better take care of your child? _____

****A copy of your child's current immunizations is required to attend Tyke Town.****



Parent Release Form:

Name of person(s) designated whom the child may be released to other than parent in case of emergency:

Name: _____ Relationship: _____ Phone _____

Name: _____ Relationship: _____ Phone _____

Name: _____ Relationship: _____ Phone _____

We may ask to see a picture I.D.

In case of a medical emergency, I give Tyke Town and/or Summit staff permission to transport (child's name) _____ through 911 to a local hospital for appropriate and prompt medical attention.

Parent/Guardian Signature: _____ Date: _____

I have read and understand the policies of the Tyke Town facility.

Parent/Guardian Signature: _____ Date: _____

I hereby authorize The Summit Community Center For Health Promotion and Fitness to photograph, video, record audio print or reprint text or permit other persons to photograph, video, record audio print or reprint text for any purpose in connection with The Summit. I also agree that The Summit Community Center For Health Promotion and Fitness or its duly authorized designees may use the negatives, prints, electronic files, video, audio and text for any purpose now and in the future. I hereby authorize that any image, video, audio or text may be altered in any way and used in any type of media, marketing, advertising or promotion including on the internet, brochures, posters, flyers, newspapers, magazines, movies and any other format at any time now and in the future. I agree that any use of the media listed above is permitted without any compensation made or promised to me.

Parent/Guardian Signature: _____ Date: _____