

BEFORE SCHOOL RECREATION PROGRAM  
EMERGENCY INFORMATION FORM 2015/16



Child's Name \_\_\_\_\_ Nickname \_\_\_\_\_

Before School Days attending M Tu W Th F  
(please circle all that apply)

Telephone \_\_\_\_\_ Cell Phone \_\_\_\_\_

Address \_\_\_\_\_

Birth Date \_\_\_\_\_ Grade \_\_\_\_\_

Parent Information

Father's  
Name \_\_\_\_\_  
Address (if different than child's) \_\_\_\_\_

Mother's  
Name \_\_\_\_\_  
Address (if different than child's) \_\_\_\_\_

Bus. Phone \_\_\_\_\_  
Cell Phone \_\_\_\_\_  
Email \_\_\_\_\_

Bus. Phone \_\_\_\_\_  
Cell Phone \_\_\_\_\_  
Email \_\_\_\_\_

Does your child have allergies or any other medical conditions you feel we should know about?  
If yes, please explain: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Does your child take any medication? \_\_\_\_\_  
(If yes, you must complete an Authorization to Dispense Medication or use of Inhalers form.)

Physician's Name: \_\_\_\_\_ Phone No. \_\_\_\_\_  
Address \_\_\_\_\_

Additional emergency contact: Name \_\_\_\_\_ Phone \_\_\_\_\_  
Relationship to child: \_\_\_\_\_

\_\_\_\_\_  
Parent or Guardian Signature

Should there be any change in the above information, please notify the Jim Reuter, at 847-446-4428 or jreuter@northfieldparks.org, so that we may change our records.