

# Maryville Christian School

## *Kidz Klub Program*

**2009-2010 School Year**

### Registration and Medical Release

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#### REGISTRATION

##### CHILD'S INFORMATION

Name: \_\_\_\_\_ Name child is called: \_\_\_\_\_  
(Last) (First) (Middle)

Address: \_\_\_\_\_ , \_\_\_\_\_  
(Street) (City)

Grade: \_\_\_\_\_ Age: \_\_\_\_\_ Birth Date: \_\_\_\_\_ Gender: \_\_\_\_\_

##### PARENT'S INFORMATION

###### Mother

Name \_\_\_\_\_ Marital Status \_\_\_\_\_

Street Address (if different from child) \_\_\_\_\_

City/State/Zip \_\_\_\_\_

Home Phone \_\_\_\_\_ Work Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_

Email address: \_\_\_\_\_ Other \_\_\_\_\_

Employer \_\_\_\_\_

PARENT's INFORMATION (Con't.)

Father  
 Name \_\_\_\_\_ Marital Status \_\_\_\_\_  
 Street Address (if different from child) \_\_\_\_\_  
 City/State/Zip \_\_\_\_\_  
 Home Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_ Other \_\_\_\_\_  
 Email address: \_\_\_\_\_  
 Employer \_\_\_\_\_ Work Phone \_\_\_\_\_

Special Custody Information: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

Please note: *Copies of any court ordered custody arrangements MUST be on file with the Kidz Klub Program.*

PICK-UP AND EMERGENCY CONTACT AUTHORIZATION

List any person other than parent/guardian who is authorized to pick up your child. **MUST** be 18 years or older. (Please note: Identification is required when someone pick's up your child)

Pick-up Authorization (the following people are authorized to pick up my child)

<u>Name</u>	<u>Phone</u>	<u>Relationship to Child</u>
1. _____	_____	_____
2. _____	_____	_____
3. _____	_____	_____
4. _____	_____	_____
5. _____	_____	_____

Emergency Contact and pick-up Authorization (List local people to contact in case of **emergency** in the event both parents and/or guardians are unavailable and/or not reachable.)

1. _____	_____	_____
2. _____	_____	_____
3. _____	_____	_____

MEDICAL and HEALTH INFORMATION

Doctor

Name \_\_\_\_\_ Phone \_\_\_\_\_

Street Address \_\_\_\_\_

City/State/Zip \_\_\_\_\_

Preferred Hospital \_\_\_\_\_

Dentist

Name \_\_\_\_\_ Phone \_\_\_\_\_

Street Address \_\_\_\_\_

City/State/Zip \_\_\_\_\_

Preferred Hospital \_\_\_\_\_

Does child have any health conditions or allergies? Yes \_\_\_\_\_ No \_\_\_\_\_

If yes, please explain: \_\_\_\_\_

Is child taking medication? Yes \_\_\_\_\_ No \_\_\_\_\_

If yes, for what reason? \_\_\_\_\_

Name of Medication(s) and Dosage: \_\_\_\_\_

Duration of treatment: \_\_\_\_\_

Blood Type (if known): \_\_\_\_\_

Has child had measles, mumps, chicken pox, or any other childhood illness? Yes \_\_\_\_\_ No \_\_\_\_\_

If yes, please list: \_\_\_\_\_

Please list any medical problems, or physical ailments your child may have:

Please list any special needs or assistance your child may require:

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**MEDICAL RELEASE and AUTHORIZATION**

**EMERGENCY and MEDICAL CARE AUTHORIZATION**

I understand that I will be notified in case of an accident or illness to my child and I will make arrangements for medical care of my child with the physician or hospital of my choice. In the event of an emergency in which neither parent can be reached, I hereby authorize the Staff of the Kidz Klub Program to contact the above named physician or facility.

I also understand that in the event my child needs emergency medical care and I cannot be reached, I authorize ambulance transport to the nearest hospital and I will assume all responsibility and expenses.

I further authorize any kind of emergency medical treatment that the hospital/doctor deems necessary or appropriate, including but not limited to, fractures, burns, cuts, abrasions, surgery, blood transfusion and the administration of drugs. I will assume all responsibility and expenses.

\_\_\_\_\_  
*Signature:* Parent or Legal Guardian

\_\_\_\_\_  
Date