

FLS Kid's Club/Summer Camp Emergency Form

People authorized to pick-up child or to be called in an emergency (other than mother and father.) **MUST HAVE A MINIMUM OF 3 IN-TOWN NAMES AND PHONE NUMBERS:**

1. _____ Phone # _____ 3. _____ Phone # _____
2. _____ Phone # _____ 4. _____ Phone # _____

A) Does your child have any allergies to: bee stings _____ food _____ other _____
Explain: _____

2. Special needs, chronic or recurrent illnesses, disorders, etc (ADD, ADHD, EBD, abuse):

Doctor's Order Properly labeled, original bottle

4. What should we do if your child has a problem due to his/her medical condition during program hours? _____

Please give any further information which you believe will be helpful to staff in understanding your child/children: _____

Dentist: _____ Phone: _____
Doctor: _____ Phone: _____

I hereby give my permission to the staff of FLS Kid's Club to secure medical help, including the services of the Rescue Squad and/or Emergency Room in the even of an emergency. I accept responsibility for all costs and fees contingent on any and all medical care/treatment for my child/children as secured or authorized under this consent.

I give my consent to the exchange of information between Faribault Lutheran School personnel and FLS Kid's Club personnel.

Signature _____ Relationship to Child _____

Insurance Company _____ Policy Holder ID# _____