

Basic Information

Student's Name

Date of Birth

Grade in fall 2019

Address

Parent/Guardian

Name

Home phone

Cell phone

Name

Home phone

Cell phone

Emergency contacts & authorized persons for pickups

Name

Phone

Relationship

Name

Phone

Relationship

Name

Phone

Relationship

Please list any medical conditions or food allergies of which we should be aware.

Is there anything in particular that you would like for us to know about your child?

Authorization for Treatment of Minor, Medical Release, and Photo Release

No over the counter medicine will be given to your child at a WCFK summer program. If your child requires prescription medication, it must be presented in original packaging with physician's orders in a sealed plastic bag . The quantity of medication provided must be confirmed with the lead instructor. Parents must discuss child's medical needs with the lead teacher on the first day of the program.

Wicked Cool for Kids requires your authorization for the purpose of acquiring medical attention for your child in the case of an emergency. The WCFK Lead Instructor will utilize emergency responders as needed in case of a medical emergency. Further, we will communicate with parents, guardians, or authorized emergency contacts if an emergency situation arises.

In the event of an emergency while my child is participating in a WCFK summer program, I hereby give the WCFK Lead Instructor permission to secure emergency treatment for my child. _____ Initial

I, the undersigned, will not hold Wicked Cool for Kids or any employees or volunteers liable in the event of a mishap, personal injury, damage or loss of property during the activities of the WCFK summer programs. _____ Initial

I give permission for my child's photograph to be taken and used as part of summer projects or for marketing purposes. No child will be identified by name or town. _____ Initial

Parent/Guardian signature

Date