



ET KidZone

2023-2024 EMERGENCY CARD

Children will not be allowed to attend the program without a completed Emergency Card on file. Please complete one Emergency Card per child.

Child's Name (last) _____ (first) _____ Date of Birth _____

Circle Child's School: BRIARGATE DEER PATH OAK KNOLL THREE OAKS DAY-OFF PARTICIPANT

Child's Home Address _____

1. Parent/Guardian Name _____ Cell Phone _____

E-Mail _____ Secondary Phone # _____

2. Parent/Guardian Name _____ Cell Phone _____

E-Mail _____ Secondary Phone # _____

Which parents/guardians listed above are authorized for pick-up? ☐ Both or Name: _____

In addition to the names above, I authorize the following individuals to pick up my child. ET KidZone staff will verify Authorized Pick-up individuals by requesting their photo ID upon pick-up. One contact must be a Cary resident.

Authorized Pick-up Name

Relationship

Phone Number

1) _____ / _____ / _____

2) _____ / _____ / _____

3) _____ / _____ / _____

Medical History: *If your child needs medications or special accommodations during the program please contact Courtney Fejedelem at 847.639.6100 ext 118.

*Allergies _____

*Current Medications _____

*Does your child need assistance or accommodations in order to be successful in this program?

*Family Physician Name and Phone Number _____

Consent for Treatment:

THIS CONSENT WILL BE VALID FOR THE 2023-2024 SCHOOL YEAR OR UNTIL RESCINDED IN WRITING BY THE PARENT OR GUARDIAN. IN A MEDICAL EMERGENCY, I GIVE PARENTAL/LEGAL GUARDIAN CONSENT FOR THE CARY PARK DISTRICT TO TAKE MY CHILD LISTED ABOVE TO THE NEAREST HOSPITAL OR MEDICAL CLINIC TO RECEIVE NECESSARY MEDICAL ATTENTION, IF THE CARY PARK DISTRICT IS UNABLE TO CONTACT A PARENT OR LEGAL GUARDIAN.

Signature of parent/guardian _____ Date _____

Office Use Only: SITE DIRECTOR INITIALS & REVIEWED ON DATE: _____