



# ET KidZone

## 2024-2025 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 \_\_\_\_\_

Child's School: BRIARGATE \_\_\_\_\_ DEER PATH \_\_\_\_\_ OAK KNOLL \_\_\_\_\_ THREE OAKS \_\_\_\_\_ DAY-OFF SCHOOL \_\_\_\_\_

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 name(s) 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.*

	<u>Authorized Pick-up Name</u>	<u>Relationship</u>	<u>Phone Number</u>
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THIS CONSENT WILL BE VALID FOR THE 2024-2025 SCHOOL YEAR OR UNTIL RESCINDED IN WRITING BY THE PARENT OR GUARDIAN.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 \_\_\_\_\_