

St. Paul Park—Parks and Recreation Emergency Form

Session: _____

Name of Child: _____ **Birth Date:** _____
Last First Middle M F

Address: _____ **Grade:** _____
Street City Zip

Parent/Guardian Information:

1. Parent's Name: _____

Home Phone: _____ Work: _____ Cell/Pager: _____

Location of parent during Parks & Rec. _____

2. Parent's Name: _____

Home Phone: _____ Work: _____ Cell/Pager: _____

Location of parent during Parks & Rec. _____

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Emergency Information:

1. Name: _____ 2. Name: _____

Home/Work Phone: _____ Home/Work Phone: _____

Relationship to child: _____ Relationship to child: _____

Person(s) authorized to pick up my child: (Besides parents or guardians)

1. Name: _____ 2. Name: _____

Comments: _____ Comments: _____

Child's Physician: _____ Physicians Phone: _____

Preferred Hospital: _____ Insurance Co. _____

Medicine Allergies: _____

Food Allergies: _____

Any other Allergies: _____

Any special Health Conditions: _____