

Child Information Sheet

Parent or Guardian Name(s) _____

Address _____ City _____ Phone _____

Child(ren)'s Name and Birthdate Enrolled in Program:

In Case of Emergency Contact:

Name _____ Phone _____ Relationship _____

Name _____ Phone _____ Relationship _____

Additional Persons Authorized to Pick Up Child(ren):

Name _____ Relationship to child _____

Name _____ Relationship to child _____

Emergency Medical Authorization:

I, do hereby give permission and/or consent to the staff of Kid's Deli, to secure and authorize such emergency medical care and/or treatment as might be required while under the supervision of said the above named establishment. I further authorize staff members to administer emergency care or treatment as needed, until medical assistance is available. I also agree to pay all the costs and fees contingent on any emergency medical care and/or treatment for said child as secured or authorized under this consent.

Note: Every effort will be made to notify parents immediately in case of emergency. In the event of an emergency, it would be necessary to have the following information:

Child's known allergies to food: _____

Physician's Name _____ Phone _____

Health Insurance Plan _____ Policy # _____

Blanket Permission Form

(place an X next to each item that you give your permission for participation)

<input type="checkbox"/> Field Trips I give permission for my child(ren) to participate in all field trips and outings sponsored by Kid's Deli.	<input type="checkbox"/> Media/Photographs I give permission for my child(ren) to be photographed and/or interviewed in and for promotional material advertising Kid's Deli and other programs sponsored by Piedmont Community Impact Organization, Inc.
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Signed _____ Date _____