MARION COUNTY CHILDREN'S ALLIANCE
SUMMER PARTICIPANT INFORMATION

To be completed by Parent/Guardian - please use ball-point pen.

_____
Program Location

_____ _____ ____ ____/_____/____ ____ _____
Student's Legal Last Name | Student's Legal First Name | MI | Date of Birth | Age | Current School

_____ _____ _____
Address/City/State/Zip | Home telephone | Cell Phone Number

_____ _____ _____ _____
Mailing Address (If different from residence address above) | Current grade | Sex | Race

_____ _____ _____ _____
Mother's/Guardian's Name | Place of Employment | Work Telephone | Cell Phone

_____ _____ _____ _____
Father's/Guardian's name | Place of Employment | Work Telephone | Cell Phone

STUDENT LIVES WITH: (Check One) __Both parents __Mother __Father __Other

_____ _____
Doctor's Name / Address / Telephone | Dentist's Name / Address / Telephone

SPECIAL NEEDS: (medication, treatment, fears…please explain/specify) _____

SPECIAL MEDICAL PROBLEMS: (Be specific/use back of this form to specify if necessary) _____

INSURANCE COVERAGE: (Check One) __No Coverage __Group Insurance or Private Insurance __Healthy Kids __Medicaid ___Other

CUSTODY: _____
(List any Special Custody Problems)

CHILD PICKUP: Should my child become ill or injured during the school day and the school be unable to contact me, I hereby give the school permission to contact one or more of the following persons to pick up my child at school and care for my child during my absence.

After program activities, my child has my permission to: ___walk home ___be picked up

___other (Specify _____)

Persons approved to pick up, in addition to me as a parent, include:

_____ _____ _____ _____ _____ _____
(1) Name | Relationship | Telephone | (2) Name | Relationship | Telephone

_____ _____ _____ _____ _____ _____
(3) Name | Relationship | Telephone | (4) Name | Relationship | Telephone

By initialing here _____, I allow the Marion County Children's Alliance to take pictures or video of my child to use in program information and publicity.

EMERGENCY PROCEDURES

The Marion County Children's Alliance/your child's program site has adopted the following procedures in caring for your child when he/she becomes sick or injured. In case of emergency and/or need of medical of hospital care:

1. The staff will call the home. If there is no answer,
2. The staff will call the mother's, father's, or guardian's place of employment. If there is no answer,
3. The staff will call the other telephone number(s) listed.
4. If none of the above answer, the staff will call an ambulance, if necessary, to transport the child to a local medical facility.
5. Based upon the medical judgment of the attending physician, the child may be admitted to a local facility.
6. The staff will continue to try to contact the parents/guardians until one is reached.

If I cannot be reached and the MCCA authorities have followed the procedures described, I agree to assume expenses for moving and medically treating this student. I also hereby consent to treatment, surgery, diagnostic procedures or the administration of anesthesia which may be carried out based on the medical judgment of the attending physician.

_____ _____ _____ _____
Parent/Guardian Signature | Date | Summer Program Staff | Date