

MIDLAND PARK CONTINUING EDUCATION

MEDICAL/EMERGENCY INFORMATION

Website: www.mpcedu.com

Register online at: <https://register.communitypass.net/midlandpark>

PROGRAM: (check one) _____ Before Care _____ After Care _____ Summer Camp

Child's Name _____

Parent/Guardian #1 _____

Home # _____ Bus. Phone _____ Cell # _____

Parent/Guardian #2 _____

Home # _____ Bus. Phone _____ Cell # _____

All persons authorized to pick up your child who will most routinely pick your child up from the

After School Child Care or Summer Camp (circle one)

Name _____ Phone _____ Alt. Phone # _____

Name _____ Phone _____ Alt. Phone # _____

(Any changes to above list must be received in writing)

Emergency Name/Numbers: Please give the name, and phone number of person(s) that your child may be released to in case of emergency or illness when parent(s) or guardian(s) are not available.

Name _____

MEDICAL INFORMATION

Child's Physician _____

Address _____ Phone _____

Child's known allergies _____

Does your child require an Epi-pen? Does your child require an Epi-pen? _____ Yes _____ No

Emergency Medical Release: If emergency medical care is deemed necessary and I cannot be contacted, I authorize the staff to act in my behalf in granting permission for my child to receive emergency treatment.

Complete separate form for each child

Date: _____

Signature of Parent or Guardian