

# Information and Authorization for Neighborhood House's Peninsula School Age Program

Child's Last Name	Child's First Name	M/F	DOB
Child's Last Name	Child's First Name	M/F	DOB
Child's Last Name	Child's First Name	M/F	DOB

School/ Program attending	Known Allergies
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**Parent/ Guardian Contact Information**

Name	Relationship to Child
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Home Address	City and Zip
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Best phone number	mobile/ work/ other	Secondary number	mobile/ work/ other
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Email address
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Employer and work address
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Name	Relationship to Child
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Home Address	City and Zip
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Best phone number	mobile/ work/ other	Secondary number	mobile/ work/ other
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Email address
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Employer and work address
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**Required Emergency Contact Information**

Name	Phone	Relationship
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Name	Phone	Relationship
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**Other Authorized Pick-up Information**

Name	Phone	Relationship
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Name	Phone	Relationship
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Signature of Parent/ Guardian \_\_\_\_\_ Date \_\_\_\_\_

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<b>Medical Information</b>		
Doctor Name	Phone	Insurance Name and Policy Number
Dentist Name	Phone	Insurance Name and Policy Number
Preferred Hospital		
Food or Medication Allergies		
Current Medications	Special Health Conditions	

I hereby grant permission for PCLC/ Neighborhood House staff to take whatever steps may be necessary to obtain emergency medical care if warranted. The steps include:

1. Attempt to contact a parent or guardian.
2. Attempt to contact the child's physician or dentist.
3. Attempt to contact a parent or guardian through any of the persons on the emergency contact list.
4. If we cannot contact you or your child's physician, and staff deem the incident a medical emergency, we will call an ambulance.

I have provided complete and accurate information. I understand that all employees are required to be CPR/ First Aid certified within their first 90 days of employment. I understand the above steps will be taken in the event of an emergency involving my child.

Parent/ Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_

Attach Photos below: