

****PLEASE TURN IN AT TIME OF REGISTRATION****

Emergency and Contact Information Form

This form must be completed by the parent or guardian prior to the first day of attendance in the Yavapai College program.

This information is collected to ensure your child's safety and speedy medical treatment in the event of an emergency. Any information you supply will be kept strictly confidential.

For office use only	
Date submitted	Class
Class	Class

Please print clearly or type.

Student Name					
Age	Date of Birth		Gender	Blood Type	
Does this child have any of the following health conditions? (Please check all that apply.)					
Heart Condition	Y	N	Back, knee or other joint problems	Y	N
Recent Surgery	Y	N	Hearing/vision impairment	Y	N
Diabetes	Y	N	ADD/ADHD	Y	N
Respiratory Condition (asthma)	Y	N	Foot/Ankle Problems	Y	N
Does this child wear Contact lenses?	Y	N			
Use Assistive device such as wheelchair (please specify)					
Are there any other health conditions or disabilities of which we should be aware?					
Does your child have any allergies to food, medication, bee stings, etc.? Please explain. (If the child has an allergy to insect bites or bee stings, please specify what precautions you will take for this course or camp.)					
Does your child have any dietary restrictions (lactose or gluten intolerance, etc)?					
Please list all medications (prescription and OTC) your child is currently taking:					

Continued on reverse

What type of exercise does your child regularly enjoy?

Health Insurance Information

Primary Carrier	Policy #
Secondary Carrier	Policy #

Emergency Contact Information

Name	Relationship
Address	
Phone	Alternate Phone

The following individuals are authorized to pick up my child from class or camp:

Name	Relationship
Name	Relationship

I, the undersigned, give consent to Yavapai College and its agents to obtain emergency medical treatment on behalf of my child in the event that I am unreachable in a life-threatening situation. I agree that I am responsible for disclosing any health conditions, allergies, medications, etc. on this form that may put my child at risk of injury or illness by participating in this program. I agree that I am entering my child into this class or trip of my own free will and agree not to hold Yavapai College or its agents liable for any illness or injury in conjunction with any event, class or tour organized, promoted, and/or operated by Yavapai College.

Print Name of Parent or Legal Guardian: _____

Signature of Parent of Legal Guardian: _____ Date: _____