

Kids Club/Camp Emergency Information Card

Name: _____ School: _____ Grade Fall '17: _____

Birth Date: _____ Home #: _____

Address: _____ Zip: _____ Child Lives with: _____

Parent's Name: _____ Work#: _____ Cell #: _____

Parent's Name: _____ Work#: _____ Cell #: _____

Physician's Name: _____ Phone#: _____

Please list emergency contacts and persons who may know your whereabouts in case neither parent can be contacted and those who are authorized to pick up your child:

Name: _____ Home #: _____ Work #: _____

Address: _____ Relationship: _____ Cell #: _____

Name: _____ Home #: _____ Work #: _____

Address: _____ Relationship: _____ Cell #: _____

Child's allergies, medications, special needs, or important info:



- I understand that I must follow the policies and procedures listed in the Family Handbook.
- I understand that the JCC photographs and videotapes for publicity and educational purposes and that my child's picture may be used for publicity or educational purposes by the JCC.
- I understand that my child may be transported as part of Kid's Club. Transportation vehicles may include a school bus, a 29 passenger bus, a mini-bus or a mini-van. In the event of any accident or injury to my child while at the center or on a field trip, I do hereby agree to release and forever discharge the Center and its officers, agents, employees from any and all claims for damage or injury to me or to my child.
- I understand that participation by my child in activities at the Center and the use of any recreational and educational facilities always involves a risk of accidental injury despite all safety precautions. Having been informed of the activities to be conducted by the Jewish Community Center of San Antonio, I/We, as an individual or as a parent or guardian of the participant named herein, assume all risks and hazards incidental to the activities, and release from responsibility and agree to indemnify and hold harmless the Jewish Community Center of San Antonio, its officers, directors, independent contractors, volunteers and all employees for any illness or injury to me or my children or family members occurring during his/her/our participation in any activities or use of any recreational facilities at or conducted by the Jewish Community Center of San Antonio.
- I certify that I/my child is fully covered by medical insurance.
- In case of emergency and neither parent can be reached, I give my permission for the JCC to take my child to his/her doctor or call EMS so that any emergency procedures deemed necessary can be rendered and that I am fully responsible for all costs incurred due to medical or dental treatment.

Signature of Parent/Guardian

Date

