

**ACRES IN THE FALLS SUMMER PROGRAM
IDENTIFICATION/EMERGENCY INFORMATION**

Child's Name _____ School _____ D.O.B _____
Address _____ City _____ Zip _____
Mother/Guardian _____ Phone _____
Employment _____ Hours _____ Phone _____
Father/Guardian _____ Phone _____
Employment _____ Hours _____ Phone _____

Physician _____ Phone _____
Medical Insurance _____ Policy # _____

If parents can't be reached, call

Name _____ Phone _____ Relation _____
Name _____ Phone _____ Relation _____

IDENTIFYING INFORMATION

Eye Color _____ Hair Color _____ Gender _____
Height _____ Weight _____ Identifying Marks _____

HEALTH INFORMATION

Any serious illness or hospitalization _____
Medications currently taking _____
Please list any limitations, health concerns, etc _____
Allergies (asthma, medication, etc) _____
Reactions to above _____

PERSONS OTHER THAN PARENT/GUARDIAN AUTHORIZED TO PICK UP CHILD

Name _____ Phone _____ Relation _____
Name _____ Phone _____ Relation _____
Name _____ Phone _____ Relation _____

Parent/Guardian Signature _____ Date _____