

Please print or type and complete one Personal Data Form for each child enrolled

JOHNSON COUNTY PARK AND RECREATION DISTRICT 2010 SUMMER CAMP PERSONAL DATA FORM

School Name: _____

Child's Name: _____ Age: _____

Grade _____ Birth Date: _____

Address: _____
(Street) (City) (State/Zip)

Mother's Name: _____ Home #: _____

E-mail _____ Work # & Ext. _____

Cell # _____

Father's Name: _____ Home #: _____

E-mail _____ Work # & Ext. _____

Cell # _____

#1 Emergency contact: _____ Phone #: _____

Relationship: _____

#2 Emergency contact: _____ Phone #: _____

Relationship: _____

Doctor's Name: _____ Phone #: _____

Emergency Hospital Preference: _____

List Food/Substance Allergies: _____

Is child taking Prescription drugs, specify? _____

Will drugs be administered during care hours, specify? _____

List all individuals authorized to pick up your child.

Name: _____ Relationship: _____ Phone #: _____

Name: _____ Relationship: _____ Phone #: _____

Name: _____ Relationship: _____ Phone #: _____

(MUST HAVE PHOTO ID TO PICK UP CHILDREN)

Is there special information that would be helpful in meeting the needs of your child? _____

Specifically state any physical limitations: _____

Please state goals for your child's participation in this program: _____

Will your child be leaving the program for lessons, clubs, etc.? (Please state days and arrangements) _____

Will your child be attending PT FT If part-time, please designate M T W T F

List special programs, skills or activities you would like to have introduced in the program _____

Each child must provide a sun block of at least #40 that is sweat proof, waterproof, and colorless.

X Signature of Parent/Guardian: _____ Date: _____