



Indian Hill PTO

Club Emergency Medical & Contact Form

To ensure your child's safety please complete this form with your Club Sign Up Form.

Please note: If you think you may be late to pick up your child after the club session, please contact the club instructor as soon as possible and provide an alternate person who is authorized below.

Date: _____

Student Name: _____ Club Attending: _____

Parent/Guardian Name : _____ Best Phone # To Reach: _____

Best Alternate Contact Name: _____ Best Phone # to Reach: _____

Medical conditions the instructors should be aware of (including, allergies and emergency instructions). Any other restrictions? Life threatening medical condition? Yes ___ No___
Please detail below:

Emergency Contact Information. Please list two people besides a parent/guardian:

Name:	Cell#:	Alternate #:
Name:	Cell#:	Alternate #:

Names of people besides a parent or guardian authorized to pick up your child when club concludes:

Name:	Cell#:
Name:	Cell#:
Name:	Cell#:

Signature: _____ (print) _____