

CAROL STREAM PARK DISTRICT
Theatre Program Summer 2012
EMERGENCY INFORMATION FORM

Child's First Name: _____ Last Name: _____ Sex: M F

Birth Date: _____ Age: _____ Home Phone: _____ Email Address: _____

Address: _____ City: _____ Zip: _____

Child's Shirt Size: _____ Child's Pant/Skirt Size: _____ Child's School: _____

Mother's Name: _____

Work #: (____) _____ - _____

Cell #: (____) _____ - _____

Father's Name: _____

Work #: (____) _____ - _____

Cell #: (____) _____ - _____

Guardian's Name: _____

Work #: (____) _____ - _____

Cell #: (____) _____ - _____

* Individuals listed above already have authorization to pick up*

Allergies/Dietary Restrictions/Special Notes:

Please list two emergency contacts in addition to persons listed above:

Name: _____ Relationship: _____ Phone: _____

Name: _____ Relationship: _____ Phone: _____

I do hereby authorize the Carol Stream Park District to release my child to the above listed persons in the event that I am unable to pick up my child myself. I release the Carol Stream Park District from any and all responsibility once my child has been released into the custody of these above individuals.

Print Name: _____

Signature Required: x _____ Date: _____