

**Fox Valley Park District**  
**Emergency Information Card**



Name of Child \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ Zip \_\_\_\_\_

Email Address \_\_\_\_\_ Birthdate \_\_\_\_/\_\_\_\_/\_\_\_\_ Age \_\_\_\_\_

Guardian's Name \_\_\_\_\_ Daytime # \_\_\_\_\_

Guardian's Name \_\_\_\_\_ Daytime # \_\_\_\_\_

Home phone or alternate # \_\_\_\_\_

Any medical conditions/concerns staff should be aware of (allergies, asthma, injuries, etc.) \_\_\_\_\_

Any dietary restrictions staff should be aware of (vegan/vegetarian, no sugar etc.) \_\_\_\_\_

Are there any special needs your child has that may limit his/her participation in this program?

List any likes/dislikes or fears your child may have that could affect their participation in this program.

OVER

Child's Physician's Name \_\_\_\_\_ Facility \_\_\_\_\_

Physician's Number \_\_\_\_\_

If both main contacts (Guardians) are unavailable please contact:

1. Emergency Contact Person \_\_\_\_\_

Relationship to child \_\_\_\_\_ Daytime # \_\_\_\_\_

2. Emergency Contact Person \_\_\_\_\_

Relationship to child \_\_\_\_\_ Daytime # \_\_\_\_\_

People authorized to pick up your child other than main contacts (Guardians):

Name \_\_\_\_\_ Relationship to child \_\_\_\_\_

Name \_\_\_\_\_ Relationship to child \_\_\_\_\_

Name \_\_\_\_\_ Relationship to child \_\_\_\_\_