



# EMERGENCY CONTACT CARD

## Fun Zone at McQueen Park Activity Center

### PARTICIPANT INFORMATION

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Participant(s) Name	Gender	Age	Birthdate	Allergies/Conditions
				*Yes / No
				*Yes / No
				*Yes / No
				*Yes / No
				*Yes / No

### LIST ANY PHYSICAL PROBLEMS/CONDITIONS OR ALLERGIES TO FOOD OR MEDICATIONS KNOWN:

Participant(s) Name	Description of Allergies or Physical Problems/Conditions

### PARENT/GUARDIAN INFORMATION

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**Parent/Guardian #1:** \_\_\_\_\_

Cell Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Email: \_\_\_\_\_

**Parent/Guardian #2:** \_\_\_\_\_

Cell Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Email: \_\_\_\_\_

### IN CASE OF EMERGENCY, PLEASE CONTACT

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Name: \_\_\_\_\_

Name: \_\_\_\_\_

Cell Phone: \_\_\_\_\_

Cell Phone: \_\_\_\_\_

Home Phone: \_\_\_\_\_

Home Phone: \_\_\_\_\_

Relationship: \_\_\_\_\_

Relationship: \_\_\_\_\_

## ALTERNATE PICK-UPS

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In an effort to ensure the safety of all participants, we will not release a participant to an unapproved person. In the event a person other than a parent is picking up a child from class, the participants parent must provide either written authorization, email or a direct phone call to the class instructor providing consent, including the date and name of the person picking up your child. The person picking up the participants from class will be required to show a photo ID before your child will be released.

### Alternate Pick Up #1

Name: \_\_\_\_\_

Cell Phone: \_\_\_\_\_

Home Phone: \_\_\_\_\_

Relationship: \_\_\_\_\_

### Alternate Pick Up #2

Name: \_\_\_\_\_

Cell Phone: \_\_\_\_\_

Home Phone: \_\_\_\_\_

Relationship: \_\_\_\_\_

### Alternate Pick Up #3

Name: \_\_\_\_\_

Cell Phone: \_\_\_\_\_

Home Phone: \_\_\_\_\_

Relationship: \_\_\_\_\_

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Print Name: \_\_\_\_\_

Parent Signature: \_\_\_\_\_ Date \_\_\_\_\_



FOR OFFICE USE ONLY	
Date Received/Verified:	Staff Initials:
Date Filed:	Staff Initials: