



Kids on Campus Yearly Classroom Information

This form will accompany students on walks away from the school.

Child's Name: _____ Birthdate: _____

Parent/Guardian Name: _____ Relationship: _____

Address: _____ Email: _____

Cell Phone: _____ Home Phone: _____ Work Phone: _____

Parent/Guardian Name: _____ Relationship: _____

Address: _____ Email: _____

Cell Phone: _____ Home Phone: _____ Work Phone: _____

Persons to whom my child may be released in the event of an emergency and I cannot be reached (in order of preference):

Name: _____ Relationship: _____

Address: _____ Phone: _____

Name: _____ Relationship: _____

Address: _____ Phone: _____

Persons authorized to take child from facility:

Name: _____ Phone: _____

Name: _____ Phone: _____

Name: _____ Phone: _____

List your child's health concerns, dietary restrictions, physical limitations, aversions, fears, or other information significant to school personnel:

Does the child have allergies? Yes No If yes, please specify:

Actions to take in case of allergic reaction:

Please take my child to the nearest emergency aid station by ambulance if necessary for treatment. I authorize Kids On Campus to seek emergency medical treatment on behalf of my child in the event of medical emergency.

Parent/Guardian Signature _____ Date _____