

Kids Corner Personal Information Form

Child's Name: _____

Sex: _____ Age: _____ Birthdate: _____

Parents/Guardians Names: _____

Home Phone: _____

Emergency Contact Name: _____

Emergency Contact Phone: _____

Does your child have any health problems, allergies, diseases, etc.?
Please list below:

Medical Information

Physician Name: _____ Phone: _____

Dentist Name: _____ Phone: _____

Allergist Name: _____ Phone: _____

****NOTICE****

Medication **WILL NOT** be given or distributed during child care. Please do not send this along with your child.

Informed Consent For Kids Corner

It is my understanding that every possible precaution will be taken to prevent accidents and to avoid injury. However, in the event of some unforeseeable accident or injury, I ____ (please initial) for myself, my executors, and heirs hereby release and discharge the City of Springdale and its employees from all claims, demands, liabilities, and causes of any action whatsoever, arising out of my child's, _____ (name) participation in Kid's Corner. I have full knowledge of the possible risks, and I assume and will pay for medical expenses and emergency expenses in the event of accident, illness, or other incapacity, regardless whether I have authorized such expense.

I also agree to follow and adhere to all guidelines, policies and procedures relating to my child's participation in Kids Corner.

Signature of Parent/Guardian

Date

Kids Corner Staff Signature

Date

SPRINGDALE COMMUNITY CENTER

Kids Corner Personal Information Form

Is your child toilet trained? **YES** **NO**

In the event he/she would need assistance while using our restroom, do you give your permission for our staff to assist your child? (Answering no would also prevent the staff from changing diapers.)

YES **NO**

If **NO**, we will notify you in the event your child needs to use the toilet or have their diaper changed.

Signature _____ Date _____

