

EMERGENCY PICK UP/CONTACT AND MEDICAL INFORMATION

Child's Name:

Date of Birth:

Address:

City:

Zip Code:

Emergency Pick up/Contacts **Parent(s) / Guardians**

Name:

Phone:

Email:

Relationship:

Name:

Phone:

Email:

Relationship:

Alternate Emergency Contacts: Relative or Friend

1. Name:

Phone:

2. Name:

Phone:

3. Name:

Phone:

4. Name:

Phone:

5. Name:

Phone:

Medical Information:

Allergies:

Current Medications:

Other Significant Medical Information:

In the event of an emergency, I authorize Governors State University (GovState) to secure from any accredited hospital and/or physician any treatment deemed necessary and provide transportation for the immediate care of my child, and I agree to be responsible for any and all medical services rendered. I further authorize GovState to contact my child's physician (as indicated on my child's Emergency Pickup/Contact and Medical Information form) for any information needed about my child, and authorize my child's physician to release such information to GovState. I understand that GovState insurance does not cover children's medical needs. By signing below, I further acknowledge and confirm that my child is covered by an accident and health insurance policy that will cover him/her while participating in the program, and that I agree to maintain such coverage for the duration of my child's enrollment in the program.

Signature of Parent/Guardian:

Date:

Printed name of Parent/Guardian:

Date: