



CLUB CHAMELEON HEALTH INFORMATION AND EMERGENCY CONTACT FORM

(A copy will be kept with the staff's information at all times)

Child's Name: _____ Today's Date: _____
 Height: _____ Weight: _____ Age: _____ D.O.B.: _____

Parent/Guardian: _____ Home Phone: _____
 Address: _____ Cell Phone: _____
 Employer: _____ Work Phone: _____

Parent/Guardian: _____ Home Phone: _____
 Address: _____ Cell Phone: _____
 Employer: _____ Work Phone: _____

In case a parent or guardian cannot be reached in case of an emergency, please contact (list 2):

1) _____ Hm Ph # _____ Wk Ph # _____ Relationship: _____
 2) _____ Hm Ph # _____ Wk Ph # _____ Relationship: _____

Child's personal physician: _____ Ph # _____ Name of practice: _____
 Child's personal dentist: _____ Ph # _____ Name of practice: _____

Health Insurance Co.: _____ Policy #: _____ Group #: _____
 Billing Address: _____ City: _____ State: _____ Zip: _____

Please list any activity or diet restrictions:

Allergies (medications, bee stings, etc.):

Medical Conditions (Diabetes, epilepsy, respiratory, heart problems, recent surgery, major illness, etc.):

Medications (Please list medications, dosage, and when your child needs to be reminded to take his/her medications):

Other pertinent information you feel Club Chameleon staff members should have in writing:

Medication policy: Staff members are not to carry or dispense a child's medication at any time, other than in extreme emergency situations (like a bee sting kit). It will be your child's responsibility to administer his/her own medication.

Seek medical treatment - authorization statement:

"In the event of an emergency, I hereby authorize the staff or medical personnel to take emergency measures as needed"

Parent/guardian signature: _____ Date: _____

Please list 4 people that you authorize to pick up your child after a trip is completed:

1.) _____ Phone: _____
 2.) _____ Phone: _____
 3.) _____ Phone: _____
 4.) _____ Phone: _____

On own - authorization statement (sign only if applicable):

"I hereby give my child permission to walk/ride bike home on his/her own at the completion of a Club Chameleon trip."

Parent/guardian signature: _____ Date: _____

