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| Today's Date | End of Program |
|--------------|----------------|

RSS CHILD INFORMATION RECORD



| | | | | |
|--|------------------------|--|------------------------|----------------------------|
| Name of Child (Last, First, Middle initial) | | Child's Address (Number and Street, Building Apt. #) | | |
| Child's Weight | Child's Height | City | State | Zip Code |
| Child's Date of Birth (00/00/0000) ____/____/____ | Child's Race/Ethnicity | Primary Phone () | Secondary Phone () | Email address ____@____ |

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|--|-------|----------|---|-------|----------|
| Father/Legal Guardian's Name: | | | Mother/Legal Guardian's Name: | | |
| Home Address (if different from child's address) | | | Home Address: (if different from child's address) | | |
| City | State | Zip Code | City | State | Zip Code |
| Employer | | | Employer | | |
| Address of Employer | | | Address of Employer | | |
| City | State | Zip Code | City | State | Zip Code |
| Employer Phone Number | | | Employer Phone Number | | |

| | |
|---|------------------------------------|
| Name of Local Person to be Notified in an Emergency when Parent is not available: | Local Address of Emergency Person: |
| Primary Phone () | Secondary Phone () |

Names of Persons other than Parent or Legal Guardian to whom child may be released:

I give permission to Northwest Ottawa Recreation Authority/United Way /Salvation Army Recreation Summer School to secure emergency medical and /or emergency surgical treatment for the above named minor child while in care.

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| Signature of Parent of Guardian | Date signed |
| Name and address of Child's Physician or Health Clinic | Phone Number () |
| Hospital Preferred for Emergency Treatment | Health Insurance Policy Name and Number |
| List Allergies, if any | Date of Last Tetanus Shot |

Field Trip: I hereby give my permission to Northwest Ottawa Recreation Authority/United Way/Salvation Army Recreation Summer School, for my child to be transported in a vehicle and/or participate in field trips.

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|---------------------------------|-------------|
| Signature of Parent of Guardian | Date Signed |
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The Northwest Ottawa Recreation Authority, Grand Haven Area Public Schools, Salvation Army & Greater Ottawa County United Way will not discriminate against any individual or group because of race, sex, religion, age, national origin, color, marital status, disability or political beliefs.

