



Student Information Form

Basic Information

Child's Name	
Address	
Parent/Guardian Name	
Phone #1 (cell)	
Phone #2 (home/work)	

Emergency Contacts

Called in order provided if parent/guardian cannot be reached.

Name:		Phone:	
Name:		Phone:	
Name:		Phone:	

Authorized Pick-ups

Please ask anyone else picking up your child to bring a photo ID.

Name:	
Name:	
Name:	

Medical Release

No over the counter medicine will be given to your child at a Wicked Cool For Kids summer program. If your child requires prescription medicine, it must be presented in original packaging with physician's orders and sealed in a plastic bag. Parents must discuss child's medical needs with the lead teacher on the 1st day of program.

Medical Emergency

I, _____, authorize Wicked Cool For Kids to seek medical treatment for my child in case of emergency.

Injury

I, _____, acknowledge that my child is voluntarily participating in a Wicked Cool For Kids program and release Wicked Cool For Kids from liability or personal injury to my child during his or her participation in the program.

Allergies

Photo Release

I give permission for my child's photograph to be taken and used as part of summer projects, or for marketing purposes. No photographs will be identified by name or town. Photos will be made available to participants.

YES

NO

Signed _____ Print Name _____ Date _____