



Riverside Health Club

Kids' Club Emergency Information

...help us serve your children better!

Child's Name: _____ Birth Date: _____
Child's Name: _____ Birth Date: _____
Child's Name: _____ Birth Date: _____
Child's Name: _____ Birth Date: _____
Parent/Guardian Name(s): _____
Complete Address: _____
Emergency Contact: _____ Relation: _____
Emergency Contact Phone: _____
Doctor's Name: _____ Phone: _____
Please list any allergies: _____

Please list any additional information about your child for Kids' Club staff to be aware of:

Does your child have any on-going life threatening illness requiring immediate medical attention in case of an emergency? If yes please see the **Medication Administration** Form.
_____ Yes (please see **Medication Administration Form**) _____ No

I have received a copy of the Kids' Club Rules and Regulations for RHC Kids' Club and agree to adhere to them.

Parent's Signature: _____ Date: _____

