

Summertime Adventures for Kids 2009 Registration Form

Please Print

Student Name: _____ Age (as of July 2009): _____

Parent/Guardian Name: _____

Mailing Address: _____

Street City State Zip
Summer Address (if different): _____

Home Telephone # _____ Alternative/Cell# _____

Session 1 Course _____ Class # _____ Room # _____

Session 2 Course _____ Class # _____ Room # _____

Note: This registration form may be duplicated. Only one student per form. Checks payable to: CMC Tech

For office use only:

Registration Fee _____ Supply Fee _____ Total _____

Check# _____ Cash Credit Debit Received by _____ Date _____ Seat # _____

Health History/Emergency Information

In the event of an emergency and we are unable to contact you at the above number(s):

Emergency Contact Name: _____ Telephone # _____

Physician's Name: _____ Telephone # _____

Please answer the following questions:

1. Does your child have asthma? Yes No
if yes, do they carry an inhaler? Yes No Type and dose of inhaler: _____
2. Is your child allergic: to bees, insects?* Yes No Type of reaction: _____
3. Is your child allergic to foods?* Yes No If yes, type _____
4. Is your child allergic to medications? Yes No If yes, name of medication _____
5. Is your child allergic to latex? Yes No
6. Is your child currently taking medication?*** Yes No If yes, name of medication _____
7. Other medical conditions your child has: _____

Emergency Medical Consent: I, _____, the parent/guardian of the above child, give the school authorities permission to transport my child to Cape Regional Medical Center Emergency Room for treatment of life threatening illness/injury. I give the school nurse permission to share any pertinent health information with my child's teacher(s).

Parent/Guardian Signature: _____ Date: _____

***If your child requires medication to be administered during school hours**, please contact the school nurse at 465-2161, ext. 658. In order for your child to receive medication during school, you must supply the school nurse with written orders from the physician, written consent from the parent/guardian, and the medication must be in the original container.

**** IF YOUR CHILD HAS A LIFE THREATENING REACTION TO ANY SUBSTANCE** (marked with an *), PLEASE SUPPLY THE SCHOOL NURSE WITH EMERGENCY MEDICATIONS WITH THE PHYSICIAN'S ORDER.