



Sportsclub Kids After School 2019-2020

After School Confidential Information Form

Child's Name _____ Date of Birth ____/____/____ ☐ Male ☐ Female Grade _____

Parent/Guardian Name _____ Home Phone _____ Cell _____

Parent/Guardian Name _____ Home Phone _____ Cell _____

Home Address _____

Emergency Contact Information (We will contact parents first. This is the person we should call if we cannot reach the camper's parents.)

Emergency Contact (other than parents) _____ Relationship to student _____

Emergency Contact Home Phone _____ Cell _____

Insurance Information

Is the participant covered by family medical/hospital insurance? ☐ Yes ☐ No

Insurance Company _____ Policy # _____

Insurance Company Phone _____

Name of Insured _____ Relationship to student _____

1. Allergies:

☐ No Known Allergies

☐ Medication: _____

☐ Food _____

☐ Other: _____

Reaction if exposed to allergen:

Treatment if exposed to allergen:

If your child has a nut allergy, can they have foods that have warnings saying they may contain nuts or may be processed in a facility that processes nuts? (Note, you do not need to answer this question if your child does not have a nut allergy)

☐ Yes, foods with these warnings are safe for my child

☐ No, foods with these warnings are not safe for my child

2. Food restrictions (other than allergies listed above):

☐ Gluten intolerant

☐ Vegetarian

☐ Lactose intolerant

☐ Other: _____

Is there any further information we need to know about your child's food restrictions? (For example, if gluten intolerant, do they react if their skin comes in contact with gluten?)

3. Does your child have an IEP or 504 Plan? Please note, we only use this information to better serve your camper. We will follow up to see if there is information on those tools that will help us help your child have a wonderful experience.

☐ Neither

☐ IEP

☐ 504 Plan

4. Medical Conditions/Concerns (currently present or history of)

- | | |
|----------------------------------|--|
| <input type="checkbox"/> ADHD | <input type="checkbox"/> Concussions/head injuries |
| <input type="checkbox"/> Anxiety | <input type="checkbox"/> Diabetes |
| <input type="checkbox"/> Asthma | <input type="checkbox"/> Seizures |

☐ Other: _____

Please give us more information about any medical conditions your child has:

5. Medication: Will your child have medication with them at camp?

- ☐ No medication
☐ Epipen
☐ Inhaler
☐ Other: _____

All medications must be registered with the camp director in the original packaging and accompanied by a completed Medication Authorization Form.

6. What motivates your child and helps them do their best?

7. What are your expectations for homework?

- | | |
|--|---|
| <input type="checkbox"/> All homework, including reading and studying, needs to be done before activities | <input type="checkbox"/> My child needs to work on homework for a minimum of _____ minutes |
| <input type="checkbox"/> Written homework needs to be completed before activities, but reading and studying can happen at home | <input type="checkbox"/> I do not want my child working on homework for more than _____ minutes |
| <input type="checkbox"/> My child can save homework for home | |

If these choices do not cover your homework preferences or you would like to give us more information, please do so here:

8. Please give any other information not listed that may be helpful for us in working with your child. Examples of such information include any significant life changes your child has experienced, effective methods for calming your child down, etc.

Parent or legal guardian's consent and authorization for treatment:

This health history is correct as far as I know and the person herein described has permission to engage in all prescribed club activities except as noted. I hereby give permission to the medical personnel selected by Sportsclub to order x-rays, routine tests, treatment, and necessary transportation for me or my child. In the event that I cannot be reached in an emergency, I hereby give permission to the medical personnel selected by Sportsclub to secure and administer treatment, including hospitalization for my child as named above. These forms apply to trips out of Sportsclub as well.

Signature of Parent/Guardian _____ Date _____

Pick-up Permission*

The following people have permission to pick-up my child: (*Please include parents on this list*)

Name_____ Relationship_____ Phone #_____

Name_____ Relationship_____ Phone #_____

Name_____ Relationship_____ Phone #_____

Name_____ Relationship_____ Phone #_____

Name_____ Relationship_____ Phone #_____

Name_____ Relationship_____ Phone #_____

*Any changes or additions to this list must be sent in writing prior to pick-up.

We close at 6:00 PM. You will automatically be charged a late fee of \$1 per minute after 6 PM for late pick up.
We appreciate your prompt arrival!

Signature of Parent/Guardian:_____ Date: _____