Prairie State College

Health and Emergency Contact Form

This form must be completed for each child and received by the Prairie State College (PSC) Matteson Area Center. You may email the packet back to psceducation@prairiestate.edu. Visit prairiestate.edu/kids to print additional forms.

Contact Information

Child's Full Name: ______________________________

Child's Date of Birth: ____________________ Grade in fall: _____ Gender: ☐ M ☐ F

Street: ______________________________

City: ____________________ State: ________ Zip: ______________

Email: ______________________________

My child is registered for the following weeks:
☐ Week 1 ☐ Week 2 ☐ Week 3 ☐ Week 4 ☐ Week 5 ☐ Week 6 ☐ All six weeks

Mother/Guardian Name: ______________________________

Home Phone:____________________ Work:____________________ Cell:____________________

Email: ______________________________

Father/Guardian Name: ______________________________

Home Phone:____________________ Work:____________________ Cell:____________________

Email: ______________________________

In an emergency contact: Parent(s) as listed above first, then contact individual(s) below:

Name: ____________________ **Relation to Child:** ______________

Home Phone:____________________ Work:____________________ Cell:____________________

Name: ____________________ **Relation to Child:** ______________

Home Phone:____________________ Work:____________________ Cell:____________________

Name(s) of Additional Authorized Adult(s) picking up the student: that are not listed above.

Name	Relationship	Phone

Immunization/Health Information

1) **Participant's Physician's Name:** ______________________________________ **Phone Number:** ______________________

Child's Full Name: ____

Immunization/Health Information (continued)

2) **Please tell us about any allergies; mark all that apply:**

	Is this a life threatening allergy?	
☐ None that I know about		
☐ Bee sting	☐ Yes	☐ No
☐ Peanuts/other nuts	☐ Yes	☐ No
☐ Other: ________________	☐ Yes	☐ No

☐ My child carries an EpiPen (please make sure they are labeled)

☐ My child carries and inhaler (please make sure they are labeled)

3) **Please list any medications, dietary restrictions or special needs your child may have so we can ensure a safe environment. Any medication the child may need will have to be authorized by a doctor's note and all medication will have to have the name printed on the container.**

☐ None

____

____

____

4) **Is there anything else we should be aware of to ensure your child's success in the program?**

____

____

____

____

____

I have read and understand the above procedures. I certify the above information to be true and correct to the best of my knowledge and I take responsibility form child's compliance with the appropriate student behavior. I understand that disruptive and inappropriate behavior may result in dismissal.

Please printout and sign before scanning or mailing.

Parent/Guardian Signature: ____ **Date:** ____________________