

**Date:** \_\_\_\_\_  
Office Use Only

**Freedom Aquatic & Fitness Center  
Kid Kare Emergency Contact Form**

**Child's Name:** \_\_\_\_\_  
Last First Middle Nickname

**Date of Birth:** \_\_\_\_\_ **Age:** \_\_\_\_\_ **Sex:** M \_\_\_ F \_\_\_

**Address:** \_\_\_\_\_  
Number and Street Apt. #

\_\_\_\_\_  
City State County Zip Code

**Home Phone :** \_\_\_\_\_

**Medical History (list past or present chronic ailments and allergies)** \_\_\_\_\_  
\_\_\_\_\_

**Medications currently being taken:** \_\_\_\_\_

**Parent/Guardian Name(s)** \_\_\_\_\_ **Relationship** \_\_\_\_\_

**Work Phone(s):** \_\_\_\_\_

**Third Party Emergency Name and Phone Number:** \_\_\_\_\_  
\_\_\_\_\_

**Continued on back!**

I have read and understand the Freedom Aquatic & Fitness Center Kid Kare Policies and Procedures and will abide by them in exchange for Kid Kare use privileges.

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**Printed Name**

**Signature**

**Date**

**Please show child's birth certificate or other form of identification to the shift supervisor.**

**OFFICE USE ONLY  
IDENTITY VERIFICATION**

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**Place of Birth**

**Birth Date**

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**Birth Certificate Number**

**Date Issued**

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**Other Form of Proof**

**Supervisor's Initials**