

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.

Printed Name

Signature

Date

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

**OFFICE USE ONLY
IDENTITY VERIFICATION**

Place of Birth

Birth Date

Birth Certificate Number

Date Issued

Other Form of Proof

Supervisor's Initials