

Field Trip Information Card

Child's Name _____ Age _____ D.O.B. _____

Physical Address _____

Parent/Guardian _____ Home phone _____

Cell phone _____ Work Phone _____ ext. _____

Employer Address _____

Second Parent/Guardian _____ Home phone _____

Cell phone _____ Work Phone _____ ext. _____

Employers Address _____

Emergency Contact Name _____ Home phone _____

Cell phone _____ Work Phone _____ ext. _____

Emergency Contact Name _____ Home phone _____

Cell phone _____ Work Phone _____ ext. _____

Child's Physician _____ Phone _____

Allergies/Reactions _____

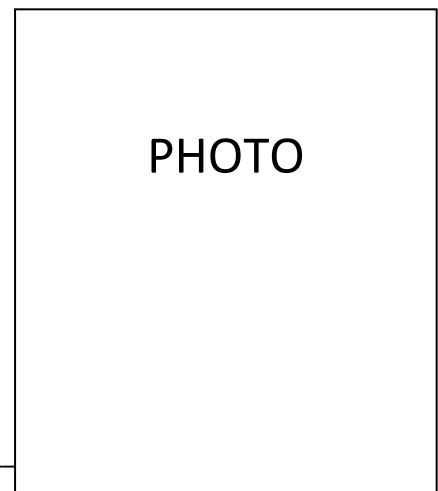
Current Medications _____

Special Dietary needs _____

Passed CCMRD Swim Test Y N Limitations _____

Booster seat Y N Photos Y N Any other special needs _____

Explain _____



I authorize CCMRD Kidz Korner to seek Emergency Medical care for my child _____

Parent/Guardian Signature _____ Date _____

RETURN