

Khalsa PTO Mixer Childcare Child Information Sheet

Child's Name _____

Parent's Name _____

Parent Contact number for this evening _____

In the event we are unable to reach you this evening, who else can we call?

Alternate emergency contact-Name _____

Relationship to child: _____

Alternate emergency contact number: _____

Name/names of sibling that is at this location this evening?

Name/names of siblings at the other location this evening?

Any medical condition we should be aware of regarding your child?

Signs/symptoms to be aware of? _____

How should we treat this condition should it arise?

_____.

I have paid the \$5.00 per student cost for child care. I/we, being the natural parent and/or legal guardian of child listed above hereby give my consent for my child to be cared for by the adults hired by the KMS PTO. Further in the event that I cannot be reached in an emergency, I hereby give permission to the physician selected by the child care adults to hospitalize, secure proper treatment for, and to order injections, anesthesia, or surgery for my child named above.

I fully understand the consequences of this statement and hereby release the Khalsa School and the attending physician of any liability arising from my desire to have the conditions fulfilled.

Parent signature

Parent Signature