



Sun Prairie Parks, Recreation & Forestry Department Child Information Form

General Information

Participant's Name: _____ D.O.B.: _____ Age: _____ Grade: _____
Address: _____ City: _____ Zip: _____
Parent/Guardian #1's Name: _____ Parent/Guardian #2's Name: _____
Cell Phone: (____) _____ Cell Phone: (____) _____
Home Phone: (____) _____ Home Phone: (____) _____
Work Phone: (____) _____ Work Phone: (____) _____
E-mail: _____ E-mail: _____

Emergency Contacts/Authorized Persons to Pick Up

Individuals we can contact (in order) if you cannot be reached and ONLY those authorized to pick up your child:

Name: _____ Phone: (____) _____ Relationship: _____
Name: _____ Phone: (____) _____ Relationship: _____
Name: _____ Phone: (____) _____ Relationship: _____
Name: _____ Phone: (____) _____ Relationship: _____

Conditions Requiring Special and/or Emergency Care

Please note that this information is kept in confidence and only shared with program staff and administrators.

- | | |
|---|--|
| <input type="checkbox"/> Asthma | <input type="checkbox"/> Autism/ASD |
| <input type="checkbox"/> Diabetes | <input type="checkbox"/> Hearing or vision impairment (circle) |
| <input type="checkbox"/> Epilepsy | <input type="checkbox"/> Mental health condition: _____ |
| <input type="checkbox"/> ADD/ADHD | <input type="checkbox"/> Physical Disability/Limitation: _____ |
| <input type="checkbox"/> Developmental Disability | <input type="checkbox"/> Other: _____ |

Allergies: _____

Medication to be taken during program hours: _____

Note: If your child requires medication during program hours, an authorization to administer medication form MUST be filled out and submitted prior to their first day of attendance. To request a form, please contact rec@cityofsunprairie.com

Any other information you would like to share with Staff regarding your child?:

Parent/Guardian Signature: _____ Date: _____

Note: Please return this form to the Parks, Recreation & Forestry Department PRIOR to the first day of class. If returning ON or AFTER the first day of class, please return directly to program staff.