



EMERGENCY CONTACT INFORMATION FORM

This form is required for your child's participation in CCEC's activities.

Please print all information clearly. Use a separate form for each child.

CHILD'S Last Name		First	Birth Date	
Parent/Guardian 1			Home #	
Street	Apartment #	City	State	Zip Code
Work #	Mobile #			
Employer	Work Address			
Parent/Guardian 2			Home #	
Street	Apartment #	City	State	Zip Code
Work #	Mobile #			
Employer	Work Address			

Emergency Contacts

Must be local person(s) other than the parent/guardian listed above.

1. Name		Relationship to Child		
Home #	Work #	Mobile #		
2. Name		Relationship to Child		
Home #	Work #	Mobile #		
3. Name		Relationship to Child		
Home #	Work #	Mobile #		

Person(s) other than parent(s)/guardian(s) approved to pick up my child from Chicago Children Equestrian Center

If there are more than three people approved to pick up your child, please include the name(s) and other details on a separate sheet of paper.

1. Name		Relationship to Child		
Home #	Work #	Mobile #		
2. Name		Relationship to Child		
Home #	Work #	Mobile #		
3. Name		Relationship to Child		
Home #	Work #	Mobile #		

Parent/Guardian Permissions

Must be local person(s) other than the parent/guardian listed above.

I give Chicago Children Equestrian Center permission to use pictures and videos of my child for future promotional purposes. **YES** **NO**

CCEC has my permission to distribute my phone numbers to other families at the Chicago Children Equestrian Center. **YES** **NO**

Parent/Guardian Signature _____ **Date** _____

Please print all information clearly. Use a separate form for each child.

Health & Medical Information

Physician's Name _____

Physician's Phone Number _____

Does your child have medical insurance? Yes No

Insurer _____

Member ID/Policy # _____

Group # _____

List all allergies and any action to be taken if child has an allergic reaction: *(Please provide the Chicago Children Equestrian Center with the necessary allergy medication for your child. Clearly mark all medications with your child's name and the dosage to be administered. Sign the medical release below for authorization.)*

Indicate any information pertinent to an existing medical condition or medical history that may require special attention, including a list of current medications and dosages that your child takes on a regular basis.

Are there any specific activities to be encouraged or restricted?

Tell us a bit about your child (continue on another sheet of paper if necessary).

Medical Release

In compliance with the Chicago Department of Mental Health & Hygiene, no child can be enrolled in Chicago Children Equestrian Center without permission for emergency medical treatment. In case of emergency, I hereby authorize the doctor or the hospital to which my child is brought to perform any emergency procedure or operation, to give treatment and the administration of an anesthetic to my child. I understand that I will be called if any emergency occurs.

YES NO

Parent/Guardian Signature _____

Date _____

Parent/Guardian Responsibilities

We understand, from time to time, that new people will pick up your child for one reason or another. Without proper notice, we cannot release your child. In the event that you cannot provide us with a signed letter in advance stating that your child will be picked up by someone other than those names provided on the Emergency Contact Form, you must send an email to chicagochildrenequestrian@gmail.com using the following wording:

By copy of this email, I _____ (parent/guardian), hereby authorize _____ (person picking up child) to pick up my child, _____ (enrolled child), from Chicago Children Equestrian Center. I have instructed _____ (the person picking up the child) to bring a photo ID, which will be required to be shown before CCEC releases my child.

I understand that I must immediately notify Chicago Children Equestrian Center's Office of any changes to this form. YES NO

I understand that I am responsible for notifying Chicago Children Equestrian Center's Office of my child's absence; when I or an approved pick-up person is running late to pick up my child; or special circumstances for late drop-off and/or pick-up arrangements. YES NO

I have read, understand, and agree with the above.

Parent/Guardian Signature _____

Date _____