



# 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.*

Asthma \_\_\_\_\_ ADHD \_\_\_\_\_  
Diabetes \_\_\_\_\_ Autism \_\_\_\_\_  
Epilepsy \_\_\_\_\_ Developmentally Disabled \_\_\_\_\_  
ADD \_\_\_\_\_ 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 visit [www.cityofsunprairie.com](http://www.cityofsunprairie.com),*

*e-mail [rec@cityofsunprairie.com](mailto:rec@cityofsunprairie.com) or call the Parks, Recreation & Forestry Department at (608) 837-3449.*

**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.*