

ARLINGTON HEIGHTS PARK DISTRICT
EMERGENCY CONTACT FORM

CHILD'S NAME _____ Program Dates/Season _____

ADDRESS _____ CITY _____ ZIP _____

PHONE _____

PARENT'S NAME _____ PARENT'S NAME _____

HOME PHONE _____ HOME PHONE _____

PLACE OF WORK _____ PLACE OF WORK _____

BUSINESS PHONE _____ BUSINESS PHONE _____

CELL NUMBER _____ CELL NUMBER _____

EMERGENCY CARE: Please give the names of two adults other than parents that could be contacted in the event of an emergency:

NAME _____ PHONE _____

NAME _____ PHONE _____

Family Physician _____ Phone _____

List specific medical allergies, chronic illnesses, daily medications or other conditions _____
