

**Kenosha Unified School District  
Department of Recreation  
Summer Playgrounds Student Emergency Form**

**Participant Name** (print) \_\_\_\_\_

**Address** \_\_\_\_\_

**Home Phone** \_\_\_\_\_

**Date of Birth** \_\_\_\_\_

(Must be age 6 by 8/31/2018)

**Grade Entering Fall 2018** \_\_\_\_\_

**Mother's Name** \_\_\_\_\_ **Phone** \_\_\_\_\_

**Father's Name** \_\_\_\_\_ **Phone** \_\_\_\_\_

**Ethnic Background**

(Must be age 6 by 8/31/2018)

**Check One:**  White  African American  Latina/Hispanic  
 American Indian/Alaskan Native  Other

By signing this form you agree that you have read and understand the **Participant Behavior Notice** and you give your child permission to participate in the Recreation Department Summer Playground Program.

**Parent/Guardian Signature** \_\_\_\_\_ **Date** \_\_\_\_\_

In case of Emergency, who should be contacted? If unable to be reached, give alternate.

Name \_\_\_\_\_ Phone \_\_\_\_\_ Mobile \_\_\_\_\_

Name \_\_\_\_\_ Phone \_\_\_\_\_ Mobile \_\_\_\_\_

Family Physician \_\_\_\_\_ Phone \_\_\_\_\_

Hospital Preference \_\_\_\_\_

List any allergies and /or medical conditions we need to be aware of such as bee stings, **Food Allergies**, Asthma, and any pre-existing injury. If necessary, use the reverse side.

\_\_\_\_\_  
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