

CLINIC NAME _____

QOSTC Emergency/Registration Information

Child's Name: _____ Gender: Boy Girl Date of Birth: ___/___/___

Address: _____

E-mail (print clearly): _____ Home #: _____

Mother's Name: _____ Cell #: _____ Work #: _____

Father's Name: _____ Cell #: _____ Work #: _____

Emergency Contact: _____ Cell #: _____ Work #: _____

Physician/Health Care Provider: _____

Physician/Health Care Provider Phone: _____

Known Allergies: _____

Behavioral/Emotional/Physical Issues that might be helpful for us to know: _____

Does your child have special medications that should be administered by 911 paramedics/EMS in the event of an emergency? Yes No

If yes, please explain: _____

Is your child up to date on all required vaccinations? Yes No Date of last Tetanus Vaccination: ___/___/___

I do do not give permission for photos/videos (names will not be used) of my child/children to be used on the Quince Orchard website and/or any other promotional material.

Note: If you check "do not" your child will not be included in clinic group photo, Team Pictures or be part of "Video Analysis in Clinics/Camps!"

Parent Signature: _____

In an emergency requiring immediate medical attention, your child will be transported to the nearest hospital emergency room. Your signature authorizes that transportation if deemed to be medically necessary by the responding 911 paramedics/EMS.

Signature: _____ Date: _____

The above information will be used solely by QOSTC and be kept confidential.