

CHILDCARE INFORMATION SHEET

This is an information sheet that we will keep on file. It will help us to take better care of your child, or children. Any and all information you can give us will help us in the case of an emergency. It will be shared with no one other than Lawrence Athletic Club Staff. Thank you for your cooperation.

Mother's Name _____ Father's Name _____

Parent's Address _____

(if separated)

Second Address _____

Parent's Phone _____ Alt. Phone _____

Child's Name _____ Birth Date _____

Child's Address _____

Child's Physician Name _____ Physician's Phone _____

Allergic To _____

Allergic Reactions _____

In case of an emergency, (check one) I WANT _____ I DO NOT WANT _____ the Lawrence Athletic Club to take emergency action to help my child.

If, (I DO NOT WANT) please give us directions to follow. _____

This may sound a little scary but we feel that it may be important in the case of an accident. We hope that we will never have to use this and that there is never an accident or any problems but it is better to be prepared than not to be.

Thank you.

Richard G. Sells