

RAINBOWS Participant Emergency Information Form (Please Print)

Child's Name _____ Nickname _____

Child's Name _____ Nickname _____

Child's Name _____ Nickname _____

Address _____
Street City State Zip Code

Home Phone _____ Cell Phone _____

Parent/Guardian Name _____

If your address is not the same as above please, please provide:

Address _____
Street City State Zip Code

Person(s) we can call in case of emergency when you are not available:

Name _____

Relationship to child _____

Phone _____

Allergies/Medical information regarding your child

Other information you would like us to know:

Who has permission to pick up your child: _____

Relationship: _____

Parent/Guardian Signature _____ Date _____