

San Anselmo Recreation Department
Camp Kinder-Kool Emergency Information Form

**Please Complete, Sign and Return to San Anselmo Recreation Department during Registration.
Bring or mail to 1000 Sir Francis Drake Blvd., Suite #14, Fax to 415.455.8229
or email to mogrady@townofsananselmo.org**

Please print: Child Name: _____ Birthdate ____/____/____ Male Female

Address: _____ E-Mail Address _____

Attending: Kinder-Kool - Wade Thomas Kinder-Kool - Hidden Valley* Kinder-Kool - Brookside Lower Kinder-Kool - Manor

School of Residence: _____ Pre-School: _____

***HIDDEN VALLEY CAMPUS**—Beginning this summer, the Hidden Valley campus will undergo a large scale construction project. Due to the scale of the project and keeping in mind the safety of all campers, Camp Kinder Kool for Hidden Valley students will take place on the Brookside campus this summer. Although the Hidden Valley camp will be moved to the Brookside campus, we will still have Hidden Valley teachers and your child will still be placed in a classroom with Hidden Valley students.

Parent(s) or Guardian(s) with whom student resides:

Mother/Guardian Name _____

Father/Guardian Name: _____

Indicate names of other individuals that are authorized to pick your child up from Camp Kinder Kool:

Name _____ Relationship: _____

Name _____ Relationship: _____

Phone Numbers:

Home phone #: (____) _____

Mother's cell phone #: (____) _____

Mother's business phone #: (____) _____

Father's cell phone#: (____) _____

Father's business phone #: (____) _____

In case of an emergency or illness . . .

The parent or guardian will be phoned first. Please list two local people and their phone numbers who maybe available in an emergency:

1. _____ (____) _____
Local relative/friend Phone

2. _____ (____) _____
Local relative/friend Phone

Has your child received services from Marindale School (IEP)? Yes No

Are there any social/emotional needs we should know about your child? _____

MEDICAL INFORMATION

Allergies

Foods: _____ Insect bite/sting: _____ Medications: _____

Other: _____

If your child's allergies necessitate medical treatment, please provide details: _____

Asthma

If your child suffers from asthma, please indicate the severity. mild moderate severe

If your child has asthma, please indicate common triggers. exercise allergens cold virus other: _____

If your child's asthma necessitate medical treatment, please provide details: _____

We will try to accommodate requests for classroom placement.

Please list one name that your child would like to be with: _____

Print Name: _____ Parent Signature: _____ Date _____

**~ Required to Finalize Enrollment ~
Please Sign and Return to San Anselmo Recreation Department.**