



St. Croix Kids
Enrollment and Emergency Card

Class _____

Birthdate _____ Phone _____

City _____ State _____ Zip Code _____

Home Phone(h) _____

Cell _____ email _____

Home Phone(h) _____

Cell _____ email _____

Each parent in an emergency the following people may be contacted and are authorized:

Phone(h) _____ (w) _____ cell _____

Phone(h) _____ (w) _____ cell _____

For _____ Phone _____

Assistant _____ Phone _____

Concerns/Allergies _____

EMERGENCY MEDICAL PERMISSION FORM

permission for the St. Croix Kids staff to take whatever steps may be necessary to obtain medical care if warranted, and for qualified medical personnel to perform such emergency

major emergency 911 will be called.

minor injury requiring medical attention, the parent, guardian, or emergency person

expenses incurred by the above will be the responsibility of the child's family.

are not allowed to transport children.

DATE _____

(Mother/Guardian)

DATE _____

(Father/Guardian)