



Kids on Campus Yearly Classroom Information

(This form will accompany students on walks away from the school)

Child's Name: _____ Date of Birth: _____

Parent/Guardian's Name: _____ Relationship: _____

Address: _____ Email: _____

Cell Phone: _____ Work Phone: _____ Home Phone: _____

Parent/Guardian's Name: _____ Relationship: _____

Address: _____ Email: _____

Cell Phone: _____ Work Phone: _____ Home Phone: _____

Persons to whom my child may be released in the event of an emergency and I cannot be reached (in order of preference):

Name: _____ Relationship: _____

Address: _____ Phone: _____

Name: _____ Relationship: _____

Address: _____ Phone: _____

Alternate persons authorized to take my child from facility:

Name: _____ Phone: _____

Name: _____ Phone: _____

Name: _____ Phone: _____

List your child's health concerns, dietary restrictions, physical limitations, aversions, fears, or other information significant to school personnel:

Does your child have allergies? If yes, please specify:

Actions to take in case of allergic reaction:

Please take my child to the nearest emergency aid station by ambulance if necessary for treatment. I authorize Kids On Campus to seek emergency medical treatment on behalf of my child in the event of a medical emergency.

Parent/Guardian Signature: _____ Date: _____

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