

UUFM Children and Youth Registration Form 2016-2017

Child's Name _____ Birthdate ____/____/____

Address _____ Age _____ Grade Level _____

Parent/Guardian Name _____

Address _____

(H) Phone _____ (C) Phone _____ (W) Phone _____

E-Mail Address _____

Parent/Guardian Name _____

Address _____

(H) Phone _____ (C) Phone _____ (W) Phone _____

E-Mail Address _____

Allergies: Food _____ Drugs _____ Plant _____ Animal _____ Insect _____

Other (explain) _____

Does your child regularly take medication? Y ___ N ___ if yes, name of medication _____

Administer for _____

If yes, the UUFM must have a Release for Administration of Medication form filled out by a parent/guardian, as well as a physician's signature before we can administer any medication to a child.

Revised 6/3/12

EMERGENCY INFORMATION

In an emergency, the following people are authorized to pick up and assume responsibility for my child:

Name _____ Relationship _____

Address _____

(H) Phone _____ (C) Phone _____ (W) Phone _____

Name _____ Relationship _____

Address _____

(H) Phone _____ (C) Phone _____ (W) Phone _____

In case of a serious medical emergency, I understand that my child will be transported to Mayo Clinic Health System or the nearest hospital by a local emergency unit for treatment, if local emergency resources (police), rescue squad, etc.) deems it necessary. The transportation of your child to a facility other than Mayo Clinic Health System will be considered in emergencies only when the child's condition permits. Please designate hospitals other than Mayo Clinic Health System.

Is there anybody who does not have permission to pick up your child (a court order is required if the person is a parent of this child and the UUFM must have a copy on file)?

Parent/Guardian Signature _____

Date _____

Revised 8/24/16