## **Emergency Contact and Medical Information for a Child** Child's Name Date of Birth Sex Parent's/Guardian's Name Parent's/Guardian's Name Home Phone Cell Phone Home Phone Cell Phone Address Address City, ST ZIP Code City, ST ZIP Code E-mail: E-mail **Alternative Emergency Contacts Primary Emergency Contact** Secondary Emergency Contact Home Phone Cell Phone Home Phone Cell Phone Address Address City, ST ZIP Code City, ST ZIP Code **Medical Information** Hospital/Clinic Preference Physician's Name Phone Number Insurance Company Policy Number Allergies/Special Health Considerations I authorize all medical and surgical treatment, X-ray, laboratory, anesthesia, and other medical and/or hospital procedures as may be performed or prescribed by the attending physician and/or paramedics for my child and waive my right to informed consent of treatment. This waiver applies only in the event that neither parent/guardian can be reached in the case of an emergency. Parent's/Guardian's Signature Date

## PLEASE NOTE THESE IMPORTANT CHANGES TO THE 2020 EVENTS

- All participants and their chaperones must bring their own masks and follow CDC distancing guidelines.
- 2. All participants and their chaperones will sign in at each session.
- 3. Participants will be assigned to groups and will remain with those groups for each session they attend.
- 4. We encourage participants to bring their own safety glasses and ear protection.
- LVSA supplied safety glasses and ear protection will be cleaned after each use.
- 6. We encourage participants to bring their own hand sanitizer.
- 7. Shared equipment will be cleaned after each use.
- 8. Mentors will be wearing masks and maintaining as much distance as possible without risking safety.
- 9. The Clubhouse will be open for bathroom use and to acquire drinks if needed. No congregating will be allowed in the clubhouse.