

## PACCSA Yellowjackets Child Registration Form

Child (First and last name)	Date of Birth	Program (Bunnies/Jackrabbits/Track Attack)

### Emergency Treatment Contact and Consent

I give permission to PACCSA to treat the Child or arrange for medical care or treatment for the Child in any situation deemed reasonably necessary by PACCSA or staff. If circumstances permit, PACCSA shall attempt to communicate first via telephone with the following emergency contacts for the Child:	
Emergency Contact 1	Emergency Contact 2
Name _____ Relationship _____ Cellphone _____	Name _____ Relationship _____ Cellphone _____
In the event that neither emergency contact can be reached or if the urgency of the situation requires immediate attention, PACCSA may arrange for medical treatment for the Child at the expense of the parent or guardian signing this form. Health Insurance information for the Child is as follows:	
Insurance company _____ Policy holder _____ Policy # _____ Telephone _____	
Child's Doctor _____ Doctor's Telephone _____	

### Health and Behavioral Information

Allergies (Please specify and list reactions, or write "None")	Other health or behavioral concerns (Please specify anything that we should be aware of)

Parent or guardian signature  <div style="text-align: center;">Date</div>
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