



Emergency Contact, Medical Information Form & Permission to travel offsite

Child's Name

Child's Date of Birth

Parent/Guardian's Name

Emergency Contact's Name
(Cannot be the same as parent)

Email

Email

Home Phone

Cell Phone

Home Phone

Cell Phone

Address

Address

City, Postal Code

City, Postal Code

Medical information (Please list all allergies and special health conditions)

I give permission for my child to go on adventures within a 1km radius of the Willow Ridge Community Association. I release Willow Ridge Community Association and its employees from liability in case of an accident during activities related to WRCA Kids Club as long as normal safety precautions have been taken.

Parent/Guardian Signature

Date

