



Emergency Information 2021-22

CHILD'S NAME _____
Last First Middle

Address NAME _____
Street City Zip

Phone # _____ **D.O.B.** _____

With whom does the child reside? _____ **Relationship to child** _____

If child does not reside with a parent is the person listed the child's legal guardian? (circle) YES / NO

Mother's Name _____ **Home#** _____ **Cell#** _____

Mother's Address _____
(If same as child write SAME) Street City Zip

Email address _____

Mother's Employer _____ **Work#** _____

Father's Name _____ **Home#** _____ **Cell#** _____

Father's Address _____
(If same as child write SAME) Street City Zip

Email address _____

Father's Employer _____ **Work#** _____

I give my permission to *Gymnastiks Unlimited Inc. and Starz Unlimited*, licensed by the Michigan Department of Consumer and Industry Services to secure medical and/or emergency surgical treatment for the above-named minor child while in care.

Signature of Parent or Guardian _____ **Date signed** _____

Physician's Name or Health Clinic _____

Address _____ **Phone #** _____

Hospital Preferred for Emergency Treatment _____

Does your child have a special need that would require special facilities and/or attention? _____

If yes, please specify _____

Allergies, If any _____

Is your child currently on medication? ___ If yes, what kind and what for? _____

Name of local person to be notified in an Emergency when Parent/Guardian is not available.

Name: _____ **Home #** _____ **Work #** _____

(Continue On Back)



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Names of person other than Parent or Legal Guardian to whom the child may be released.	
Name	Phone
1.	#
2.	#
3.	#
4.	#

Field Trip Authorization

I hereby give my permission to <i>Starz Unlimited</i> for my child to ride in a vehicle and/or participate in field trips. Prior notice will be given for all field trips.	
Signature of Parent or Guardian	Date signed
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I hereby give my permission for pictures of my child to be used on the Kids Unlimited website & in other in-house publicity. Yes _____ No _____	