

CHILD REGISTRATION INFORMATION (*Under 18*)

1. Child's Name: _____

Age: _____ Birthdate: _____

Food Allergies: _____

Drug Allergies: _____

The reactions to these allergies are: _____

Special Conditions: _____

Medication(s): _____

Note: We require that any medication needed by your child be given by the parents only.

2. Child's Name: _____

Age: _____ Birthdate: _____

Food Allergies: _____

Drug Allergies: _____

The reactions to these allergies are: _____

Special Conditions: _____

Medication(s): _____

Note: We require that any medication needed by your child be given by the parents only.

3. Child's Name: _____

Age: _____ Birthdate: _____

Food Allergies: _____

Drug Allergies: _____

The reactions to these allergies are: _____

Special Conditions: _____

Medication(s): _____

Note: We require that any medication needed by your child be given by the parents only.

Primary Emergency Contact:

Name: _____

Phone: _____

Alternate Emergency Contact:

Name: _____

Phone: _____

People Authorized to Pick Up your Child(ren) (*For 3yrs - 6 yrs olds ONLY*):

Name(s): _____

If an emergency situation occurs with your child, we make every effort to contact you. We also contact JHMR Ski Patrol and/or St. John's Medical Clinic. If for any reason you do not wish to have us contact any medical personnel, please notify us when you drop off your child.

In my absence, I authorize you to treat my child(ren) with the medical attention you deem necessary for any incidents that occur.

_____ Parent's Initials