AKC School Year 2019-2020 Registration

Client Name: _____ **DOB:**_____ **SS#:**_____

Address: _____

Parent/Guardian Name: _____ **Relationship:**_____

Phone numbers (home):_____ **(cell):**_____ **(work):**_____

Email: (if want notifications) _____

Address: (if different from client) _____

Parent/Guardian Name: _____ **Relationship:**_____

Phone numbers (home):_____ **(cell):**_____ **(work):**_____

Email: (if want notifications) _____

Address: (if different from client) _____

Emergency Contact/Pick Up List:

Family Contact Name:	**Relationship to Child:**	**Phone Number:**	**Pick up list:**
			Yes or No
			Yes or No
			Yes or No
			Yes or No
			Yes or No
			Yes or No

Please list names below if there is someone who may NOT pick up your child.
Name(s): _____

Special Note:_____

Medications Information:

Due to the busy schedule and amount of clients distribution of medications will be between 5:00pm to 6:00pm ONLY. Emergency medications (Epi Pen, i.e.) will be carried in group safety bag at all times. No medication can be carried by clients and should be only delivered to front desk with completed medication form and requires approval.
Does your child take medication while at AKC? _____No _____Yes (If yes, you must complete a Medication Administration Request Form and follow directions.)

Does your child take medicine that puts them at medical risk on an outing from sun, heat, swimming, etc.? _____ No _____ Yes, Medication: _____
Side Effects: _____

Please list any allergies your child has:_____
_____

Please list any diet restrictions your child has:_____
_____

*** **We are now a peanut free facility. If your child/adolescent has limited food preferences and requires items that contain peanuts/peanut butter, approval must be granted by your families Clinical Coordinator.**

Please check if you give permission for distribution or application of the following Non-
Prescription Medications Release (As Needed):

Ibuprofen Products (like Advil)	___Yes ___No	Dosage_____
Acetaminophen Products (like Tylenol)	___Yes ___No	Dosage_____
Antihistamine (like Benadryl) Provided by client	___Yes ___No	Dosage_____
Sun Block (spray or lotion)	___Yes ___No	
Bug Repellant	___Yes ___No	

Special Note:_____

Safety Information:
Can your child swim without assistance? _____Yes _____No
Does your child require a life vest for swimming outings? _____Yes _____No
Does your child require a car seat or booster seat? _____Yes _____No
If yes which does he or she require: _____Front facing 5 point car seat _____Booster seat
Does your child have a fear of dogs? _____Yes _____No
Allergies to animals? _____Yes_____No
Other Medical Information:_____

<u>Community Outings and Special Events</u> are an important part of the AKC Treatment program to promote generalization of social skills learned through group therapy. Vans and buses are used to transport clients on outings. Outings and events are planned to enhance specific groups' therapy and vary by age and group. If your child is not going to attend a certain event or outing please follow the proper call out procedure and give as much notice as possible to assist us to have accurate counts for expenses. Please be aware that clients not attending an event or outing may not attend that session.

My child can attend any outing while at Amazing Kids Club _____Yes _____ No
Outings/Events that you do not approve your child to attend, if known:_____
_____

For detailed information concerning AKC Family Policies and Procedures please review the AKC Family Manual and/or Updates, copy received_____(Initial)_____(Date)

<u>Emergency Medical Authorization:</u>

_____Yes, I hereby consent to and authorize the TrueNorth Wellness Services Amazing Kids Club staff to obtain emergency medical care, which could include the following procedures: minor first aid, CPR, calling 911, and/or transportation by ambulance to hospital for my child.

X_____ _____
Signature of Parent/Guardian **Date**

X_____ _____
Signature of Witness **Date**

Administration Use Only
____ Scanned (R); Entered in Credible __Contacts __Allergies __Warnings (R); ____Checked off All Client List (R);
____ Master Copy to FL/Copy to Site Supv. (R) ____email confirmed & Filed in Master Binder (FL)
____ Entered in Emergency Client Info Sheet (SS) ____Copy to Group Safety Bag (SS)