

UH Kids Club



Information Card

Child's Last Name: _____ First Name: _____

Birthdate: _____ Fitness Center #: _____

Family Couple Individual

Home Phone Number: _____

Hair Color: _____ Eye Color: _____

Parent/Guardian's Full Name: _____

Driver's License Number: _____ Daytime Phone: _____

Parent/Guardian's Full Name: _____

Driver's License Number: _____ Daytime Phone: _____

Emergency Contact Name: _____

Phone Number: _____ Relationship to Child: _____

Physician/Medical Provider Name: _____

Phone Number: _____

Allergies: _____

Special Needs: _____

Are the Child's mandatory vaccinations current? Yes No

I have read and understand the policies of the UH Kids Club/Babysitting area of the Fitness Center at University Hospitals Brunner Sanden Deitrick Wellness Center:

Signature: _____ Date: _____

UH Kids Club Pick Ups

People **allowed** to pick up child:

Name: _____ Relationship to Child: _____

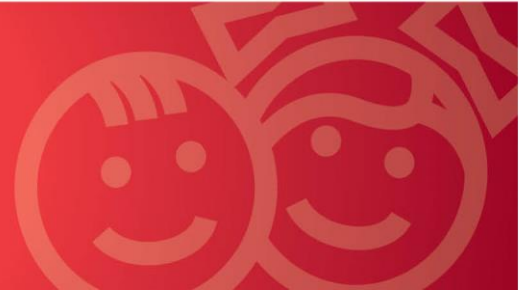
Name: _____ Relationship to Child: _____



Fitness



UH Kids Club



People **not allowed** to pick up child:

Name: _____ Relationship to Child:

Name: _____ Relationship to Child:

Please write any additional information you would like to share about your child to be kept on file:

