



# Student Information Form

## Basic Information

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Child's Name:

Parent/Guardian name:

Home Phone:

Work phone:

Address:

Cell phone:

## Emergency Contacts

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(called in the order below if parent cannot be reached in emergency)

- |        |        |
|--------|--------|
| ■ Name | Phone: |
| ■ Name | Phone: |
| ■ Name | Phone: |

## Authorized Pick-ups

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We will not release your child without your permission. Please make sure the following people who are authorized to pick up my child bring a photo id with them:

- Name:
- Name:
- Name:

## Releases

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No over-the-counter medicine will be given to your child at a Wicked Cool for Kids summer program. If your child requires prescription medicine, it must be presented in the original packaging including the physician's orders, and sealed in a clear plastic bag. Parents must discuss their child's medication needs with the lead teacher on the first day of the program

## Emergency Medical

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I authorize Wicked Cool for Kids to seek medical treatment for my child in case of emergency.

## Injury

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I acknowledge that my child is voluntarily participating in a Wicked Cool for Kids summer program and release Wicked Cool for Kids from liability for personal injury to my child during his/her participation in the program.

## Photography

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I give permission for my child's photograph to be taken and used as part of summer projects or for marketing purposes. YES ☐ NO ☐

## Signature

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Print Name:

Date:

[www.wickedcoolforkids.com](http://www.wickedcoolforkids.com)

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