

# Southern Cultural Heritage Foundation

## River Kids After School Program- Fall 2021

Child's Name	Age/Grade	M	F
Parent's/Guardian's Name	Relationship		
( )	( )	( )	( )
Home Phone	Work Phone	Mobile Phone	Pager
Address	Email address		
City, ST ZIP Code			

## Person to be contacted in case of Emergency or Illness

Primary Emergency Contact	Secondary Emergency Contact		
Relationship	Relationship		
( )	( )		
Work/Home Phone	Mobile Phone	Work/Home Phone	Mobile Phone

## Medical Information

Hospital/Clinic Preference

Physician's Name

Phone Number

Insurance Company

Allergies/Special Health Considerations

I authorize Southern Cultural Heritage Foundation to seek emergency medical help for my child. This waiver applies only in the event that neither parent/guardian can be reached in the case of an emergency.

Parent's/Guardian's Signature

Date

I hereby give permission for my child to participate in the River Kids After School Program, a program sponsored by the Southern Cultural Heritage Foundation. I give permission to SCHF to use photographs of my child participating in the program in any publicity issued by SCHF regarding the camp.

Parent's/Guardian's Signature

Date

Please return this form to address below.