



SENTARA RMH WELLNESS CENTER CHILD INFORMATION FORM

Child's Name: _____ Gender: _____

Date of Birth: _____ Age: _____ SRMHWC Child Member: YES or NO

Parent's/Guardian's Name: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Telephone Numbers: () () _____

E-mail address: _____

Allergies, medications, and other concerns: _____

EMERGENCY INFORMATION

Please use reverse side of form if necessary

Family Information

Mother/Guardian: _____ **Address/Phone:** _____
Work Phone: _____ **Cell Phone:** _____

Father/Guardian: _____ **Address/Phone:** _____
Work Phone: _____ **Cell Phone:** _____

Emergency Contacts

1.) Name: _____ **Address:** _____
Home Phone: _____ **Work Phone:** _____

2.) Name: _____ **Address:** _____
Home Phone: _____ **Work Phone:** _____

Parent/Guardian Consent and Agreement

I am requesting that the above child be admitted to the program and I understand the nature and the scope of the program listed above and will adhere to all policies and procedures of the program. I understand that there are risks and dangers associated with the program. I understand that it is not the function of the SRMH Wellness Center, its employees, agents, operators, or instructors to guarantee the safety of participants with respect to this program. I also understand that each participant has the responsibility to exercise due care in the performance of the program for the safety of himself/herself and other participants. In the event that I cannot be reached in an emergency involving the above named participant, I hereby give permission to the personnel to provide medical treatment deemed necessary.

In the consideration of the participant being permitted to enroll in the program I hereby release, indemnify, and hold harmless SRMHWC, its employees, operators, counselors, and instructors from any and all claims and demands, costs, charges, and expenses for harm, injury, damage, or loss which may be sustained by the participant as a result of or relating to participation in the program.

I also give permission to the named child to be included in photos or videos for promotional use.

I HAVE READ, AND I UNDERSTAND THE ABOVE INFORMATION.

Parent/Guardian Signature _____ Date _____