



## '20-21 Emergency Contact Numbers

Child's Name: \_\_\_\_\_

In the event of an emergency I can be contacted at

Primary Contact Name \_\_\_\_\_

Relationship \_\_\_\_\_ Email: \_\_\_\_\_

Phone Number \_\_\_\_\_

Alternate Phone Number \_\_\_\_\_

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Second Contact Name \_\_\_\_\_

Relationship \_\_\_\_\_ Email: \_\_\_\_\_

Phone Number \_\_\_\_\_

Alternate Phone Number \_\_\_\_\_

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Third Contact Name \_\_\_\_\_

Relationship \_\_\_\_\_ Email: \_\_\_\_\_

Phone Number \_\_\_\_\_

Alternate Phone Number \_\_\_\_\_

**Please remember to contact us to update emergency contacts as appropriate.**



**School Year 2020-2021**

The following is an important medical information form. This form must be received prior to your child's arrival at Trackside. It should be updated anytime information pertaining to your child changes.

Child's Full Name \_\_\_\_\_ HS Graduation Year \_\_\_\_\_

Date of Birth \_\_\_\_\_

Child's preferred email (School or personal): \_\_\_\_\_

Child's Cell Phone Number (if applicable): \_\_\_\_\_

Parents'/Guardians' Names, cell phone and/or email

A. \_\_\_\_\_

B. \_\_\_\_\_

C. \_\_\_\_\_

D. \_\_\_\_\_

Address(es)

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We invite you to share NON-CONFIDENTIAL medical information with us which could help us in supervising your child and being aware of medically based safety issues which may affect him/her. *Trackside's Directors, Staff and Volunteers are NOT medically trained to administer medications or provide medical care. Trackside's Directors are trained in basic first aid and in CPR/AED.*

**\*NOTE: Trackside IS NOT a nut-free or other allergen free facility. You should take appropriate measures and determine if participation in on-site activities if your child has a severe allergy.**

Does your child have any medical conditions, allergies or sensitivities which may be beneficial for Trackside Directors, Staff and/or Volunteers to be aware of? Please include allergies or other conditions, whether medicated or not.

Yes  No

If YES, please state needed treatment or identifiable items.

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Medications:

Any and all prescription and non-prescription medicine should be kept secured with the child's possessions or should be given to the *Trackside Directors to keep in a locked location for use by the child. Should a child need to receive medication, they must contact a Trackside Director and may proceed to self-administer under supervision* at the appropriate times. ***If this is not acceptable, please contact Trackside to discuss.***

Please be specific with dosage information, reasons and times on all over-the-counter and prescription medications.

Does your child take or apply any over-the-counter medications on a regular basis?

Yes  No

If YES, please state type and dosage.

\_\_\_\_\_

Time or Reason for administration:

\_\_\_\_\_

Does your child take or use any prescription medications?

Yes  No

If YES, please state type and dosage.

\_\_\_\_\_

Time or Reason for administration:

\_\_\_\_\_

Does your child carry the prescription medicine with them in case of emergency use?

Yes  No

Are there any relevant side effects to be observed?

Yes  No

If YES please list.

\_\_\_\_\_

\_\_\_\_\_

If YES please state plan for management of effects.

\_\_\_\_\_

\_\_\_\_\_

Child's physician's name \_\_\_\_\_

Physician's Phone Number \_\_\_\_\_

**Return prior to your child's arrival at Trackside during the '20-'21 School Year**  
**In Person: Trackside Teen Center, 15 Station Road, Wilton, CT 06897**  
**Email: [info@trackside.org](mailto:info@trackside.org) Phone/Fax: 203.834.2888**