



Joyous Chinese Cultural School

CHINESE CHILDREN ADOPTION INTERNATIONAL

6940 South Holly Circle, Centennial, Colorado 80112

school@chinesechildren.org 303-221-6688 www.joyouscenter.org

Please complete one form per child participating in the camp program.

Emergency Contact Information and Medical Release Form

Today's Date _____

Child's Name _____ Birthdate _____

Full Address _____

Mother (first & last name) _____

(H) _____ (W) _____ (cell) _____

Father (first & last name) _____

(H) _____ (W) _____ (cell) _____

Known Food Allergies _____ Vegetarian? YES / NO

Any medical conditions that JCCC should be aware of _____

Name of Primary Care Doctor _____ Doctor's Phone _____

Insurance Name _____

In the event that a parent/guardian is not in the JCCS facility during an emergency, please complete the following:

Emergency Contact Numbers (who should we call, including parents/guardians, in this order)

1. Name _____ Phone _____

Relationship to child _____

2. Name _____ Phone _____

Relationship to child _____



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Emergency Contact Information and Medical Release Form (page 2)

Child's Name _____

Please complete the following, in case we are unable to reach the listed emergency contacts:

I hereby authorize any representative of the Joyous Chinese Cultural School to take my child to the closest medical facility for medical treatment, in the event of an emergency during which neither parent can be reached. I will assume all financial liability to the medical care provided.

Parent/Guardian Signature _____ Date _____

Please print name _____

I hereby authorize the medical facility to release my child to a representative of the Joyous Chinese Cultural Center, if care is longer deemed necessary by a medical professional.

Parent/Guardian Signature _____ Date _____

Please print name _____