

2016 CHILD INFORMATION CARDS

SUMMER RECREATION PROGRAMS | CITY OF POLK CITY, 112 3RD STREET, POLK CITY, IA 50226 | 515-984-6233

Please take the time to fill out this card for EACH of the children you have enrolled in any of the following Polk City Summer Recreation Programs:

Summer Recreation

The information contained on these cards will be used in the event of an emergency situation. Please be sure that you have filled each field fully and check for any errors before submitting.

CHILD'S LAST NAME:

CHILD'S FIRST NAME:

PARENT'S LAST NAME:

PARENT'S FIRST NAME:

GENERAL INFORMATION	
GENDER:	AGE:
GRADE:	
CONTACT INFORMATION	
HOME PHONE:	
PARENTS/GUARDIANS PHONE:	
EMERGENCY # (if different from above):	
FULL ADDRESS (House/Apt #, Street, City, State, Zip):	
MEDICAL INFORMATION	
DOCTOR:	
HOSPITAL OF CHOICE:	
USE THIS SECTION TO LIST ANY KNOWN DISABILITIES, ALLERGIES, ETC.	

Once you have verified the above information is correct please save this form in the following format using your child's name:

LASTNAME_FIRSTNAME EXAMPLE: Doe_John

Once you have saved the form, please e-mail it to the Polk City Police Department at:

police@polkcityia.gov

If you have any questions or comments please contact City Hall at (515) 984-6233.