

**Plainfield School District (PSD-202)**

**“Startalk Chinese Summer Immersion Program” Emergency and Medical Information**

\* Please use only one registration form per child

If your child has a special medical condition that we should know about, please describe below:

Child’s (First/Last) name: \_\_\_\_\_

Name of condition: \_\_\_\_\_

Description of condition:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Emergency Contact Person Name: \_\_\_\_\_ Contact Cell and Phone Number \_\_\_\_\_

Are there any medications that your child will or may need to take during the time they are attending PSD-202 “Startalk Chinese Summer Immersion Program”? \_\_\_\_ Yes \_\_\_\_ No

If “Yes,” please provide the name of the medication, dosage and frequency of helping administration:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Please agree that District 202 and all Startalk staff be held **without liability** or **responsibility** as to help administer any medication that your child may need in the event that he/she has any allergic health issue or call emergency Professional medical care as needed and Parents hold full responsibility for your child medical concern. Please understand we do not have any Professional Nurse during the summer school session.

Parent/Guardian Signature \_\_\_\_\_ Date \_\_\_\_/\_\_\_\_/\_\_\_\_

Parent /Guardian Print Name \_\_\_\_\_