

**UCSD Adventuretime Childcare Programming  
2025-2026 Emergency Form**

The mission of Adventuretime Family Services is to provide quality programming  
for the students and families in our community during out of school hours.

**Student Information**

Last Name	First Name	Middle Name
<b>School Student Attends (choose one)</b>		
<input type="checkbox"/> Karen Acres Elementary <input type="checkbox"/> Olmsted <input type="checkbox"/> Valerius Elementary <input type="checkbox"/> Webster Elementary		

**Parent/Legal Guardian Information**

Full Name (Parent/Legal Guardian #1):	Home Address:	City, State, and Zip Code:	
Primary Phone Number:	Secondary Phone Number:	Employer:	Work Phone:
Billing and Communication Email Address:			
Full Name (Parent/Legal Guardian #2):	Home Address:	City, State, and Zip Code:	
Primary Phone Number:	Secondary Phone Number:	Employer:	Work Phone:
Billing and Communication Email Address:			

**Emergency Information**

In the event that my child may require emergency medical, dental, or surgical care while I am unable to be reached, I hereby give my consent to medical, dental or surgical treatment to the medical providers listed below. I agree to pay all costs and fees contingent on emergency care or treatment for my child as secured or authorized under this consent.

Doctor's Name:	Address (Required):	City:
State:	Zip Code	Phone Number:
<b>Hospital (check one):</b>		
<input type="checkbox"/> Broadlawns <input type="checkbox"/> Lutheran <input type="checkbox"/> Mercy Downtown <input type="checkbox"/> Mercy West Lakes <input type="checkbox"/> Methodist Downtown <input type="checkbox"/> Methodist West		
Dentist's Name:	Address (Required):	City:
State:	Zip Code	Phone Number:

**Emergency Contact/ Authorized Pick-Up People**

I hereby give consent for my child to leave the center with the emergency contacts/authorized pick-up people. Emergency contacts/authorized people must be at least 16 years of age " Identification may be requested". It is the responsibility of a parent/legal guardian to notify the program in writing with any changes.

Emergency Contact's Name:	Relationship to Student:	Primary Phone Number:	Secondary Phone Number:
1.			

2.			
3.			

### Court Appointed Legal Custody/Visitation

I have provided Adventuretime Family Services a copy of legal custody/visitation documents pertaining to this student?	<input type="checkbox"/> Yes <input type="checkbox"/> No
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### The following individuals are not authorized to pick-up this student up

1.	2.	3.
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### Parent/ Guardian Health/ Safety Consent

My child has up to date physical and immunization records on file with Urbandale Community School District.	<input type="checkbox"/> Yes <input type="checkbox"/> No
My child has medical concerns/allergies. ( I will describe medical concerns or allergies below)	<input type="checkbox"/> Yes <input type="checkbox"/> No
If my child requires medication during preschool or childcare programming, I will fill out a Medication Release form and I will bring the medication in the original container.	<input type="checkbox"/> Yes <input type="checkbox"/> No
My child has permission to participate on field trips and to be transported by Durham Bus Service.	<input type="checkbox"/> Yes <input type="checkbox"/> No
I give consent for my child's picture/audio/video to be taken during program and be used in school or city publications.	<input type="checkbox"/> Yes <input type="checkbox"/> No
I will supply sunscreen for my child and I give staff consent to apply the provided sunscreen to my child. Iowa Department of Human Services recommends that students bring sunscreen to apply during childcare programming.	<input type="checkbox"/> Yes <input type="checkbox"/> No
My child is in good health?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Signature of Parent/Guardian:	Date:

### Medical Concerns/Allergies

Please give a brief description of any medical concerns or allergies your student may have: (If there are no medical concerns or allergies please enter NA)
List all medications your child takes: (If your child will require medication during preschool or childcare programming, you must fill out a Medication Release form and bring the medication in its original container): (If your student will not require medication during preschool or childcare program please enter NA)

All Kindergarten through Fifth Grade students must submit the following documents to the Adventuretime office at 3305 92nd Street, Urbandale, IA 50322 by Wednesday, July 9th, 2025 for students attending school at Karen Acres Elementary or Friday, July 25th, 2025 for students attending school at Olmsted Elementary, Valerius Elementary or Webster Elementary:

Current Physical (Kindergarten and Students attending Adventuretime for the first time)  
 Current Immunization Records (Kindergarten and Students attending Adventuretime for the first time)  
 2025-2026 Adventuretime Emergency Form (Submitted through DocuSign)