## **Horizons Health Profile**

Gather this information so you can complete the online form.

Child's name:	
Date of Birth (MM/DD/YYYY):	Grade Entering in Fall:
Mother/father/guardian name:	Daytime/cell phone:
Mother/father/guardian name:	Daytime/cell phone:
Emergency contact:	Daytime/cell phone:
List the people authorized to pick up your child. Authorized person must be	e at least 16 years old, with a valid ID:
List any allergies including bee stings, hives, asthma, food, medication* and	I any additional concerns. Enter N/A if not applicable:
*If child takes medication during camp hours, you must complete a medicati	ion authorization form. See phone numbers below.
List any documented disabilities or special needs** your child may have. Ent	ter N/A if not applicable:
**If you will be requesting reasonable accommodations, you must contact has 2 weeks prior to the start of class if you are registering after May 10, 2024. the disability and complete an information form. If your child will accompanie provide all necessary documentation and clearances for the aide.	You will be required to provide acceptable documentation of
Pictures may be taken during classroom activities, by the instructor, NCC, or booklet or by the media to market the horizons for youth program. Check no	o below, if you do not want your child photographed.
No (By not checking No you are authorizing NCC to use your child's pho	
Parent/Guardian Signature:	

## **QUESTIONS?**

Need a medication form or disability accommodations? Call us or visit www.northampton.edu/summeryouth

Main Campus and Southside: 610-861-4120