

FRANKFORT SQUARE PARK DISTRICT – PARTICIPANT EMERGENCY FORM

Child's Name:			Phone:		Does your child have an Epi-Pen or Inhaler? Yes No If yes, turn into Camp or BAS staff.
Address:					
City:		State:		Zip:	
Age:	Gender:	Date of birth:	Resident: YES NO		

Emergency Contact Information

Mother's Name:		Place of employment:	
Home #:	Work #:	Email:	Cell #:
Father's Name:		Place of employment:	
Home #:	Work #:	Email:	Cell #:
Emergency Contact Person (not parent):		Relationship:	
Home #:	Work #:	Email:	Cell #:

Please list the people who have permission to transport your child:
(We will not allow your child to leave with anyone who is not listed below.)

Name	Relationship	Phone

Please list any allergies your child has:

Please list any medical conditions your child has:

PLEASE TURN OVER AND FILL OUT THE REVERSE SIDE OF THIS FORM

Emergency Information

Please supply the following information clearly and accurately. It is important that in an emergency doctors have pertinent medical information to be able to treat the child. This form will accompany your child to the hospital in an emergency.

Physician's Name:

Phone:

Please list your child's allergies including allergies to food and medication:

Please list any food restrictions:

Please list your child's medications:

Please list your child's physical limitations or special needs:

Please include any other important information:

It is recommended that all participants consult with a physician to determine their health status.

Emergency Treatment: A minor may not be treated, even in an emergency situation, except when, in the opinion of the attending physician, a life is in the balance. Written consent is required for all treatment given in any hospital emergency room/center. Consent of a parent or legal guardian is necessary for unmarried minors, women under 18, and men under 21, except in cases of extreme emergency.

To Whom It May Concern: as a parent and/or legal guardian, I do herewith authorize the treatment by a qualified and licensed medical doctor of the above minor in the event of a medical emergency which, in the opinion of the attending physician, may endanger his or her life, cause disfigurement, physical impairment or undue discomfort if delayed. This authority is granted only after a reasonable effort has been made to reach me.

The release form is completed and signed of my own free will with the purpose of authorizing medical treatment under emergency circumstances in my absence.

I have read and fully understand the registration policies, the above important information, warning of risk, photo/video policy, assumption of risk and waiver and release of all claims. If registering on-line or via fax, my on-line or facsimile signature shall substitute for and have the same legal effect as an original form signature.

I have read and fully understand the Camp & BAS Behavior Management Policy and the swimming and field trip guidelines.

Parent/Guardian Signature:

Date: