

FRANKFORT SQUARE PARK DISTRICT – PARTICIPANT EMERGENCY FORM

Child's Name:		Phone:		Day Camp, please select the most accurate description of your child's swimming abilities. Non-Swimmer ___ Beginner ___ Intermediate ___ Advanced ___
Address:				
City:		State:	Zip:	
Age:	Gender:	Date of birth:	Resident: Yes <input type="checkbox"/> No <input type="checkbox"/>	

1. Does your child have an epi-pen? Yes ___ No ___
2. Does your child have an inhaler? Yes ___ No ___
3. Does your child need medication administered during the duration of the program? Yes ___ No ___

*If you answered yes to any of the above three questions, please refer to the waivers attached (pg. 11).

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 persons authorized for child pick-up:
(We will not allow your child to leave with anyone who is not listed below.)

Name	Relationship	Phone

Emergency Information

Please supply the following information clearly and accurately. In order to make this information accessible and useful to first responders and on-site staff in the event of an emergency, this form will be kept in a binder in the staff room when on-site and a backpack when off-site. While efforts will be made to treat the information as confidentially as possible under the circumstances, it will be available to camp and other staff. In the event of an emergency, the binder will accompany your child to the hospital.

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: In the event of any emergency, I authorize the Frankfort Square Park District to secure from any licensed hospital, physician and/or medical personnel any treatment deemed necessary for me or my minor child/ward's immediate care and agree that I will be responsible for payment of any and all medical services rendered. I understand that this authorization includes transporting my child by ambulance if necessary to the nearest medical treatment facility if I am unable to be reached first.

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.

I have read and fully understand the registration policies (pg. 6), the above important information (pg. 10), warning of risk (pg. 10), photo/video policy (pg. 10), waiver and release of all claims and assumption of risk (pg. 10). 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 (pg. 7) along with the field trip & swimming guidelines (pg. 9). I give my child permission to attend all field trips and was made aware all field trip locations are subject to change.

I have received and reviewed a copy of the Camp &/or BAS parent manual(s) (pg. 1-6).

I have read and fully understand the "Use of Inhaler or Auto Injector Waiver and Release" and give park district staff permission to administer an inhaler and/or epi-pen if needed (pg. 11).

I give my permission to the staff of the Frankfort Square Park District to administer the medication listed on the "Permission to dispense medication form" I filled out prior to the start of the program. Permissions to dispense form will be given if applicable.

Parent/Guardian Signature:	Date:
----------------------------	-------