

Day Camp Emergency Form

- Mini Camp
 Summer Camp

EMERGENCY FORM

Child's Name: _____

DOB: _____ Age *(as of September 1, 2021)*: _____

Address: _____

City: _____ Zip: _____

Email: _____

PARENT/GUARDIAN INFORMATION

Mother's Name: _____

Mother's Employment: _____

Home Phone: _____ Work Phone: _____

Cell Phone: _____ Other Phone: _____

Allowed to pick up child

Not allowed to pick up child

Father's Name: _____

Father's Employment: _____

Home Phone: _____ Work Phone: _____

Cell Phone: _____ Other Phone: _____

Allowed to pick up child

Not allowed to pick up child

Please check one:

My child is allowed to walk home

My child is **NOT** allowed to walk home

Day Camp Emergency Form

Child's Name: _____

EMERGENCY CONTACT INFORMATION

Please list people other than parent/guardian.

ALLOWED to pick up your child (please print)

Please list first and last name

1. Name: _____ Phone: _____

Relation: _____

2. Name: _____ Phone: _____

Relation: _____

3. Name: _____ Phone: _____

Relation: _____

4. Name: _____ Phone: _____

Relation: _____

5. Name: _____ Phone: _____

Relation: _____

NOT ALLOWED to pick up your child (please print)

Please list first and last name

1. Name: _____

2. Name: _____

3. Name: _____

4. Name: _____

5. Name: _____

Day Camp Emergency Form

Child's Name: _____

MEDICAL CONSENT/RELEASE FORM

*Please list any medical information that would be necessary for us to know to ensure proper medical treatment if necessary. **All information will be kept confidential.***

Allergies: _____

Medical Condition: _____

Other: _____

NOTE:

If your child needs to take medication (i.e. epi pen, inhaler, or proscribed medication) please fill out Permission to Dispense Medication Waiver and Release of All Claims form at the front desk.

I authorize the Midlothian Park District staff to help my child out if they have the following *(please check all that apply)*:

_____ Bump/Bruise _____ Splinter _____ Cut/Scratch _____ Nose Bleed

I hereby grant authority to the Midlothian Park District and the instructor supervising an event to obtain a paramedic to give emergency treatment to my child or obtain ambulance services for my child when it is deemed necessary. I also give permission to the selected paramedic/physician to treat my child as requested by the Midlothian Park District in the event I cannot be reached. I am aware that any expenses incurred for any of the above services will not be the responsibility of the Midlothian Park District.

Signature: _____
Parent/Guardian

Date: _____

Day Camp Emergency Form

Child's Name: _____

CONSENT/RELEASE FORM

Photographs

The Midlothian Park District occasionally takes photographs or video of participants for promoting/advertising our programs, events, activities and facilities in our brochures, website, agency social media, and other promotional avenues.

The Midlothian Park District may also use the pictures for programs, brochure, website, agency social media, and other promotional avenues.

By signing below, you authorize your child's photos to be taken as well as for promoting/advertising.

Signature: _____
Parent/Guardian

Date: _____

ACKNOWLEDGEMENT

I acknowledge receiving the Midlothian Park District Day Camp Rules & Regulations and agree to follow all policies and procedures.

Signature: _____
Parent/Guardian

Date: _____

Please turn in pages 1 - 4