

ROVING PLAY PARKS SUMMER PROGRAM

WEST SHORE PARKS & RECREATION SUMMER PROGRAM **EMERGENCY FORM**



Personal Information

CHILD'S NAME: **BIRTHDATE:**

ADDRESS: _____

Parent/Guardian	<input type="text"/>	Parent/Guardian	<input type="text"/>
Home Phone	<input type="text"/>	Home Phone	<input type="text"/>
Work Phone	<input type="text"/>	Work Phone	<input type="text"/>
Cell Phone	<input type="text"/>	Cell Phone	<input type="text"/>

Child's Medical Doctor **Phone #**

Child's Dentist **Phone #**

Child's Medical Insurance #

Emergency Contact #1: **Phone #**

Emergency Contact #2: **Phone #**

Health & Special Considerations

What special considerations should we be aware of, to better meet your child's needs. (Check Appropriate Boxes)

Hearing	<input type="checkbox"/>	Speech	<input type="checkbox"/>	Emotional/Psychological	<input type="checkbox"/>
Visual	<input type="checkbox"/>	Intellectual (Mental)	<input type="checkbox"/>	Multiple Disabilities	<input type="checkbox"/>
Physical	<input type="checkbox"/>	Learning	<input type="checkbox"/>	Seizures	<input type="checkbox"/>
Asthma	<input type="checkbox"/>	ADHD/ADD	<input type="checkbox"/>	Other: _____	<input type="checkbox"/>
Behavioral Concerns	<input type="checkbox"/>	Medical or Health Conditions/Restrictions	<input type="checkbox"/>	Other: _____	<input type="checkbox"/>
Allergies	<input type="checkbox"/>	No Considerations	<input type="checkbox"/>	Other: _____	<input type="checkbox"/>

Explain further what these considerations are? _____

How can our staff better meet your child's needs? _____

A Staff Member may contact you for further clarification.

SEE OVER

Child Release

Please list ALL the people who are allowed to pick up your child. Children are not allowed to leave with any other person with out written authorization from a parent or guardian.

#1:	<input type="text"/>	Ph. #	<input type="text"/>	Relationship:	<input type="text"/>
#2:	<input type="text"/>	Ph. #	<input type="text"/>	Relationship:	<input type="text"/>
#3:	<input type="text"/>	Ph. #	<input type="text"/>	Relationship:	<input type="text"/>

PHOTOS

Sign below if you **CONSENT TO** photos of your child (taken in our programs) being used in future JdF promotional material.

SIGNATURE OF PARENT/GUARDIAN: **DATE:**

EMERGENCIES and CONSIDERATIONS

1. It is our policy that we notify a parent when a child is ill or needs medical attention. Occasionally, we cannot contact parents and need to get immediate help for the child. In such cases, our procedure is to call Emergency Services (911).
2. Please sign the consent below so that we can take appropriate action on behalf of your child. Return the signed consent to JdF Administration; this consent would go along with your child to the emergency center.
3. I realize this is a drop-in program and that staff are not responsible in my child leaves the program or site.
4. I also understand the hours and allowed ages of this program.

I HEREBY GIVE MY CONSENT FOR A STAFF MEMBER TO CALL A MEDICAL PRACTITIONER OR AMBULANCE FOR MY CHILD IN THE CASE OF ACCIDENT OR ILLNESS IF I CANNOT IMMEDIATLEY BE REACHED.

SIGNATURE OF PARENT/GUARDIAN: **DATE:**