

# Fun in The Sun

Participant Information Sheet



Child' Name: \_\_\_\_\_ Grade: \_\_\_\_\_

Address (street, town, zip code): \_\_\_\_\_

Phone number :(\_\_\_\_) \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Cell Phone number: (\_\_\_\_) \_\_\_\_\_

Mother's/Guardian name: \_\_\_\_\_

\_\_\_\_\_ Telephone: (\_\_\_\_) \_\_\_\_\_

Father's/Guardian's name: \_\_\_\_\_

\_\_\_\_\_ Telephone: (\_\_\_\_) \_\_\_\_\_

Child's Physician's name: \_\_\_\_\_

Address: \_\_\_\_\_ Telephone: (\_\_\_\_) \_\_\_\_\_

## Emergency contact other than parent or guardian:

Name: \_\_\_\_\_ Telephone:(\_\_\_\_) \_\_\_\_\_

## Authorized persons to pick up my child:

Name: \_\_\_\_\_

Name: \_\_\_\_\_

## Any allergies or other important information the teachers should be aware of?

Explain:

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*I give my permission for my child to participate in all the activities of this program. After being given notice, I will send a written notice if I do not want my child to go on a specific field trip.*

**PARENT / GUARDIAN SIGNATURE:** \_\_\_\_\_

**DATE:** \_\_\_\_\_

**CHILD'S NAME:** \_\_\_\_\_

## **CONSENT / RELEASE FORM**

List any medical information that would be necessary for us to know to ensure proper medical treatment.

**ALLERGIES:** \_\_\_\_\_

**MEDICAL CONDITION:** \_\_\_\_\_

**OTHER:** \_\_\_\_\_

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**I hereby grant authority to the Frankfort Park District and the teacher 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 Frankfort Park District in the event that I cannot be reached. I am aware that any expenses incurred for any of the above services will not be the responsibility of the Frankfort Park District.**

**SIGNED:** \_\_\_\_\_ **DATE:** \_\_\_\_\_

Parent/Guardian