

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:

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: _____

Consent/ Release Form

Child's Name _____

Photographs

I/we authorize photographs to be taken of my child to be used for publicity purposes.

Date _____ Signature of Parent _____

Relationship of child _____

Emergency First Aid

The only measures taken at the school are as follows:

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

If further care is needed, we will notify a parent.

Date _____ Signature of Parent _____

Relationship to child _____

Field Trips

I/ We authorize the teachers of the Frankfort Park District to take my/our child on walking trips, field trips and to nearby park facilities. A five-day notice will always be given for field trips.

Date _____ Signature of Parent _____

Relationship of Child _____

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: _____

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