

Frankfort Adventures

Mini Summer Day Camp

Participant Information Sheet



Child' Name: _____ Grade in Fall 2020: _____

Address (street, town, zip code): _____

Phone number :(____) _____ Date of Birth: _____

Mom Cell Phone number: (____) _____ Dad Cell Phone (____) _____

Mother's/Guardian name: _____

Place of Employment _____ Telephone: (____) _____

Father's/Guardian's name: _____

Place of Employment _____ 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: _____

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/Guardia