

GENEVA PARK DISTRICT

EMERGENCY AND RELEASE FORM

PLEASE PRINT. Fill out all sections completely.

First Name:		Last Name:	
Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female	Date of Birth:	School:	Grade:
Address:		City:	Zip:
Home Phone:		Email:	
Mother's First Name:		Last Name:	
Business Phone:		Cell Phone:	
Father's First Name:		Last Name:	
Business Phone:		Cell Phone:	
Do you have siblings in the program: <input type="checkbox"/> Yes <input type="checkbox"/> No			
Sibling Name:		Age:	
Sibling Name:		Age:	

Please check one of the following: Kids' Zone KinderZone The Zone Day off Trip Camp

Authorized persons, other than parents, who may be called in an emergency and/or pick up the child from the program. (All authorized must be 18 or older and will be required to show identification.)

1. Name _____ Relationship _____ Phone# _____
2. Name _____ Relationship _____ Phone # _____
3. Name _____ Relationship _____ Phone # _____
4. Name _____ Relationship _____ Phone # _____

Please list anyone one who DO NOT have authorization to pick up your child.

1. Name _____ Relationship to child: _____

Are there any custody/divorce or other family concerns that the staff should be alerted to? Yes _____ No _____

If yes, please explain: _____

Part I: ILLNESSES & INJURIES (Check any chronic or recurring illness)

- | | | |
|----------------|-------------------------|---------------------------------|
| _____ Asthma | _____ Hypertension | _____ Heart Defect/Disease |
| _____ Diabetes | _____ Ear Infection | _____ Musculoskeletal Disorders |
| _____ Seizures | _____ Bleeding/Clotting | _____ Other: _____ |

Date of last Health Exam: _____ Date of last Tetanus Shot: _____

Family Physician _____ Phone # _____

Insurance Provider: _____ Policy # _____

Any activities to be restricted: _____

Part II: ALLERGIES (check any that apply and specify nature of allergic reactions)

- | | | |
|-----------------|------------------------|-----------------------|
| _____ Animals | _____ Insect Stings | _____ Pollen |
| _____ Food | _____ Medication/Drugs | _____ Other (specify) |
| _____ Hay Fever | _____ Plants | |

List specific allergies, reactions and special instructions: _____

Part III: MEDICATION (please list all, even if they are not taken at the site)

Is your child currently taking any medication? Yes No

List medication and the purpose of the medication:

Part IV: OTHER HEALTH CONDITIONS (check any that apply and describe below)

- | | | |
|------------------------------|-------------------------|-----------------------------|
| _____ Hearing Impairment | _____ Motion Sickness | _____ Nosebleeds |
| _____ Emotional Disturbances | _____ Fainting | _____ Wear Glasses/Contacts |
| _____ Special Diet Regimen | _____ Visual Impairment | _____ Speech Impediment |

Other important or helpful information: _____

The information above is correct to the best of my knowledge and I know of no reason(s), other than those listed above, why my child should not participate in the activities.

Signature of Parent/Guardian _____ Date _____

Part V: EMERGENCY CARE RELEASE

I, _____ parent [or legal guardian] of _____, have enrolled my child in _____, and hereby authorize Dr. _____, my child's physician, or any physician in his or her group practice, in my behalf to administer emergency medical assistance to my child during a Park District activity. In the event of a 911 emergency call or Dr. _____ or any physician in his or her group practice is not available, I hereby authorize the Geneva Park District, its employees and agents to provide emergency medical assistance or to arrange for and consent to on my behalf immediate medical treatment by a licensed or certified physician or other medical personnel for my child whenever the authorized Park District personnel believe such emergency medical assistance is necessary to protect the health, safety and welfare of my child.

Signature of Parent/Guardian _____ Date _____