



2009-10 EMERGENCY/PERMISSION FORM
Plainfield Park District
Great Adventures Program

Office Use Only

Room _____
Days _____
Time _____

Name of Participant _____ Home Phone # _____

Date of Birth _____ Subdivision _____

Address _____ City _____ Zip _____

Who does child reside with? Mother _____ Father _____ Both _____

Mother's Name _____ Cell Phone # _____

Place of Employment/Occupation _____

Work Phone # _____

Father's Name _____ Cell Phone # _____

Place of Employment/Occupation _____

Work Phone # _____

In the event of an emergency, please list two additional local contacts:

Name _____ Relationship _____ Phone _____

Name _____ Relationship _____ Phone _____

Please list the names and relationships of other household members: _____

Does your child have any health problems we should be aware of? _____

Does your child take any medication(s) on a regular basis? _____

Does your child have any specific allergy to food or drink? _____

Has your child participated in a Pre-School program before? Yes _____ No _____

If Yes, where did they attend? _____

Please list any additional comments and information about your child that would be helpful for us to know about. (Include fears, special instructions, problems, behaviors, etc.) Feel free to attach additional sheets to this form if needed for additional comments.

CARPOOL INFORMATION

The following individual(s) have permission to pick up my child from class. Children will not be released from class to any person **NOT** placed on this list. You may add or delete from list at any time needed.

- 1. _____ Phone _____ Relationship Mother
- 2. _____ Phone _____ Relationship Father
- 3. _____ Phone _____ Relationship _____
- 4. _____ Phone _____ Relationship _____
- 5. _____ Phone _____ Relationship _____
- 6. _____ Phone _____ Relationship _____

PARENT PERMISSION TO PROVIDE PHYSICIAN AND HOSPITAL TREATMENT

I hereby give my permission to the Plainfield Park District to call a physician or have my child taken to a hospital in the event of a serious accident or illness if I cannot be contacted. I will assume full financial responsibility for this.

My Child's Physician is: _____

Physician's Phone Number: () _____

PUBLICITY PERMISSION

I hereby give my permission to the Plainfield Park District to use the likeness of my child in T.V., film, and printed media for the purpose of advertising or communicating the purpose of activities of this program.

Signature: _____ **Date:** _____