

Homewood-Flossmoor Park District Emergency Information Form

Dear Parents:

In order to better serve both you and your child, especially in the case of an emergency, we would like you to fill out the information requested below. This will help us contact you or a close friend or relative if necessary. This will also give us an emergency release form for your child if an attempt to reach you or your emergency numbers fail. Please fill out the information and return it to your child's program leader immediately. If any information changes on this form please update this form immediately or ask to fill out a new one. Thank you.

Tracey Anderson
Superintendent of Recreation

What program will your child participate in _____

Name of Child (first) _____ (last) _____

Home Address _____ City _____

Home Phone _____ Cell Phone () _____

Mother's Name (first) _____ (last) _____

Mother's Place of Work _____ City _____

Phone _____ Cell () _____

Father's Name (first) _____ (last) _____

Father's Place of Work _____ City _____

Phone _____ Cell () _____

1. **Close Friend/Relative:** Name _____

Address _____

Daytime Phone _____ Cell () _____

2. **Close Friend/Relative:** Name _____

Address _____

Daytime Phone _____ Cell () _____

3. **Close Friend/Relative:** Name _____

Address _____

Daytime Phone _____ Cell () _____

Is your child presently on any medication? _____ Yes _____ No

If yes, what kind? _____

Does your child have any allergies? _____ Yes _____ No

If yes, what kind? _____

Can one of the above close friends or relatives pick up your child from a Park District program? Yes _____ No _____

HFPD #364A

EMERGENCY RELEASE FORM

IN THE EVENT OF ANY EMERGENCY, I AUTHORIZE DISTRICT OFFICIALS TO SECURE FROM ANY LICENSED HOSPITAL, PHYSICIAN AND/OR MEDICAL PERSONNEL ANY TREATMENT DEEMED NECESSARY FOR ME OR MY MINOR CHILD/WARD'S IMMEDIATE CARE AND AGREE THAT I WILL BE RESPONSIBLE FOR PAYMENT OF AND ALL MEDICAL SERVICES RENDERED.

Student's Name _____ Program and Location _____ Time & Date _____

I, the child's parent, have authorized, in advance, all emergency treatment.

Parent Signature _____

TO CASHIER: Please accept our insurance _____ or bill us.

Parent Signature _____

Address _____ City _____ Zip code _____

Daytime Phone(____) _____ Cell Phone (____) _____

If paramedics have a choice, which hospital would you prefer your child receive treatment:

Please provide family physician

Name _____ Phone _____

PROGRAM RELEASE INFORMATION

I, _____, parent/guardian of _____ will drop off and pick up my child from Camp Fantastic/Safety Town. In the event that I am unable to do so, I give authorization for

Name Home phone Daytime phone Cell phone

Name Home phone Daytime phone Cell phone

to pick up my child. The above persons are the only people with whom my child is allowed to leave from the Park District activity. **I understand any changes from this must be in advance and in writing to the Homewood-Flossmoor Park District staff/instructor.**

Parent/Guardian Signature _____ Date _____

HOMEWOOD-FLOSSMOOR PARK DISTRICT

I, _____, parent/guardian of _____

will drop off and pick up my child from _____. In the event that I
Name of Park District Program

am unable to do so, I give authorization for

Name Home phone Daytime phone Cell phone

or

Name Home phone Daytime phone Cell phone

to pick up my child. The above persons are the only people with whom my child is allowed to
leave from the Park District activity. **I understand any changes from this must be in advance
and in writing to the Homewood-Flossmoor Park District staff/instructor.**

OR

I, _____, parent/guardian of _____

give permission for my child to (circle) **WALK / RIDE BIKE** to and from the Park District

program. **I understand any changes from this must be made in advance and in writing to
the Homewood-Flossmoor Park District staff/instructor.**

Parent/Guardian Signature _____

Date _____