

**PLEASE PRINT. Fill out all sections completely.**

Name \_\_\_\_\_ Birthdate \_\_\_\_\_ School \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ Zip Code \_\_\_\_\_

Home Phone \_\_\_\_\_ Work Phone \_\_\_\_\_ Work Phone \_\_\_\_\_

Mom's Name \_\_\_\_\_ Cell \_\_\_\_\_ Dad's Name \_\_\_\_\_ Cell \_\_\_\_\_  
Mother \_\_\_\_\_ Father \_\_\_\_\_

Name of person to be called in event neither parent can be reached in an emergency: (additional names may be included on back side of this form)

Name \_\_\_\_\_ Relationship \_\_\_\_\_ Phone # \_\_\_\_\_

Name \_\_\_\_\_ Relationship \_\_\_\_\_ Phone # \_\_\_\_\_

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

\_\_\_\_\_ Asthma                      \_\_\_\_\_ Hypertension                      \_\_\_\_\_ Heart Defect/Disease  
\_\_\_\_\_ Diabetes                      \_\_\_\_\_ Ear Infection                      \_\_\_\_\_ Musculoskeletal Disorders  
\_\_\_\_\_ Seizures                      \_\_\_\_\_ Bleeding/Clotting                      \_\_\_\_\_ Other: \_\_\_\_\_

Any activities to be restricted: \_\_\_\_\_

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

\_\_\_\_\_ Animals                      \_\_\_\_\_ Insect Stings                      \_\_\_\_\_ Pollen  
\_\_\_\_\_ Food                      \_\_\_\_\_ Medication/Drugs                      \_\_\_\_\_ Other (specify)  
\_\_\_\_\_ Hay Fever                      \_\_\_\_\_ Plants

**Part III: OTHER HEALTH CONDITIONS (check any that apply and describe on reverse side)**

\_\_\_\_\_ Hearing Impairment                      \_\_\_\_\_ Motion Sickness                      \_\_\_\_\_ Nosebleeds  
\_\_\_\_\_ Emotional Disturbances                      \_\_\_\_\_ Fainting                      \_\_\_\_\_ Wear Glasses/Contacts  
\_\_\_\_\_ Special Diet Regimen                      \_\_\_\_\_ Visual Impairment                      \_\_\_\_\_ Speech Impediment

Other \_\_\_\_\_

I know of no reason(s) why my child should not participate in activities except as noted above.

Signature of Parent/Guardian \_\_\_\_\_ Date \_\_\_\_\_

**Part IV: 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 \_\_\_\_\_