

MEDICAL INFORMATION

In the case of a medical emergency, the information below will allow us to provide the best possible care and service for your child. This form will be kept on file, taken on bus trips, and/or provided to medical personnel in case of an emergency. Treatment will not be authorized without parental permission unless it is an emergency.

CHILD'S INFORMATION

Full Name: _____ Date: _____
Age: _____ DOB: ___/___/___ MALE or FEMALE (circle one) Grade Completed: _____
Home Address: _____
City – State – Zip: _____

EMERGENCY CONTACT INFORMATION

Father – Legal Guardian: _____
Home Address: (if different from child's) _____
City – State – Zip: _____
Home # _____ Cell # _____ Office # _____ Ext # _____

Mother – Legal Guardian: _____
Home Address: (if different from child's) _____
City – State – Zip: _____
Home # _____ Cell # _____ Office # _____ Ext # _____

ARE WE ABLE TO GIVE OVER THE COUNTER MEDICINES TO YOUR CHILD AS NEEDED?

Ibuprofen: _____ Yes _____ No _____ Call Parent First
Antacids: _____ Yes _____ No _____ Call Parent First
First Aid Cream: _____ Yes _____ No _____ Call Parent First

CHILD'S HEALTH INFORMATION

Special Dietary Concerns – Allergies: _____
List all known Allergies: _____
List all Medical Concerns: _____
Daily Medications: _____
Special Needs: _____

I verify that the information provided on this form is complete and accurate. I give consent for my child to receive emergency medical care and/or be transported by staff or EMS personnel to the hospital, should it be deemed necessary.

Signature of Parent – Guardian

Date

HOLD HARMLESS

I hereby grant, _____ permission for him/her to participate in the 2019 Alsace Township Recreation Program. I understand and accept the expectations, as outlined, and agree to abide by the program procedures, policies, and financial commitments, as previously defined. I am aware that outdoor programs, special events, planned and prepared for children, are subject to unforeseen incidents and accidents. I shall defend, hold harmless and indemnify Alsace Township against all expenses, liabilities and claims of every kind, including reasonable counsel fees, by or on behalf of any person or entity (including, but not limited to the organization, its members, participants, spectators and other third parties) arising out of any activity whatsoever conducted on or around the on and off site premises to which this agreement pertains. The Program Leaders or the Township are not responsible for lost, stolen, and/or broken personal items.

Signature of Parent – Guardian

Date

PICK UP AND DROP OFF CONSENT FORM

Pick Up and Drop Off:

My child shall only be released to the following person(s):

Name: _____ Relationship _____ Phone # _____

Name: _____ Relationship _____ Phone # _____

Name: _____ Relationship _____ Phone # _____

Name: _____ Relationship _____ Phone # _____

Signature of Parent – Guardian: _____

Date

BUS TRIPS

I hereby grant _____ permission to go on bus/van trips organized by Alsace Township Recreation Department. The township will be responsible for developing and maintaining a safe environment and providing adequate supervision for all participants. I, the undersigned, hereby release Alsace Township, its agents and employees from any responsibility for any mishap or accident that may occur during such trips.

Signature of Parent – Guardian

Date

PROMOTIONAL AUTHORIZATION

I understand that at times photographs or images taken of my child during Recreation Department programs may be used in promotional material, which may include but is not limited to flyers, notices, bulletin boards, newspapers, or websites.

Signature of Parent – Guardian

Date

LATE PICK UP FEE

Please note that the Alsace Township Playground Program runs from 9:00 am to 2:00 pm, Monday through Friday. If a child/children is/are picked up after 2:15 pm, there will be a "Late Pick Up Fee" charged EACH TIME this occurs. The Late Pick Up Fee is set at \$5.00 per child, per occurrence, and is expected to be paid the same day as the late pickup occurs. Cash or check is an acceptable form of payment.

I have read and agree to pay the Late Pick Up Fee of \$5.00 per child, per occurrence, to be paid the same day the late pickup occurs.

Signature of Parent – Guardian

Date