

EMERGENCY INFORMATION

Apex Park and Recreation District

Child's Name: _____
(Last) (First) (Initial) D.O.B.

LEGAL GARDIAN #1: _____

Address: _____

City, State, Zip: _____

Home Phone: _____

E-Mail Address: _____

Work Phone: _____ Name of work place: _____

Work Address: _____ Cell Phone: _____

LEGAL GARDIAN #2: _____

Address: _____

City, State, Zip: _____

Home Phone: _____

E-Mail Address: _____

Work Phone: _____ Name of work place: _____

Work Address: _____ Cell Phone: _____

EMERGENCY AND SPECIAL SITUATIONS The following ARE AUTHORIZED to drop off / pick up my child:

Name: _____

Address: _____

Home Phone: _____

Work Phone: _____ Cell Phone: _____

Name: _____

Address: _____

Home Phone: _____

Work Phone: _____ Cell Phone: _____

Name: _____

Address: _____

Home Phone: _____

Work Phone: _____ Cell Phone: _____

IN EVENT OF AN EMERGENCY, ILLNESS OR INJURY AND I CANNOT BE REACHED, PLEASE CALL:

Name: _____

Phone Number: _____

(Please initial next to each item and sign at the bottom)

ILLNESS AND MEDICAL CARE

____ I will not send my child to camp/school if he/she is running a fever, has diarrhea or a contagious illness. If my child becomes ill, camp/school personnel will notify me.

____ I understand that camp personnel are not allowed to administer any medication (prescribed or over-the-counter) unless the doctor and parent complete and give written permission on the medication form and are with the medication.

____ Does your child take any medications daily? YES NO

If YES name and dosage _____

____ My child's doctor and dentist can be reached at the following number and I give permission for staff to call my doctor in the event of an emergency or if there is a need to obtain medical information.

Doctor Name: _____ Phone: _____

Address: _____

Dentist Name: _____ Phone: _____

Address: _____

In the case of an emergency my child should be transported to: _____

____ Or to the nearest hospital.

____ Allergies _____

____ Medications _____

____ Health Insurance Company _____ Policy # _____

____ I hereby give my permission to Apex Park and Rec to call my child's doctor, clinic or dentist for any needed medical, surgical or dental care for my child should an emergency arise. I also give permission to Apex Park and Rec personnel to secure emergency medical and/or surgical and or dental treatment for my child while in the care of Apex Park and Rec Personnel. I understand that efforts will be made to contact my spouse or me before any action is taken. In case of serious illness or injury, if neither parent can be reached, I will allow my child to be transported to the doctor or hospital by ambulance or car and I release Apex Park and Rec and those providers from liability. The parent(s) will pay all expenses related to emergency care.

GENERAL PROVISIONS

1. I will take time each day to exchange information about my child with the teacher at both drop-off and pick up.
2. I will maintain an updated vaccination record on file at Apex Park and Rec.
3. I give permission for my child to participate in the outdoor program. This may include neighborhood walk, picnics, and field trips away from the camp's premises on foot or by vehicle. The summer program may include swimming lessons and the use of wading pools in approved city facilities.

Parent Signature

Date

PARENT PERMISSION FORM

(Please initial next to each item and sign at the bottom)

Sunscreen Permission

_____ I hereby give my permission for the staff of Apex Park and Rec, Secret Day Camp to assist with applying sunscreen to bare surfaces include the face, tops of ears and bare shoulders, arms, leg and feet 15-30 minutes before outdoor activities. Sunscreen will not be applied to any broken skin or if a skin reaction has been observed. Any skin reaction observed by staff will be reported promptly to the parent/guardian.

_____ I hereby certify that I understand that it is my responsibility to provide sunscreen with a minimum SPF of 15 for my child.

Name and SPF level of the sunscreen you will provide _____

Special Instructions

In the event that my child's sunscreen is not readily available, my child may use the sunscreen provided by the camp.

I do not want my child to use any other sunscreen than the one he or she brings.

Field Trip Permission

_____ I hereby give my permission for my child to participate in all special trips scheduled by the Apex Day Camp Staff. I realize that my child will be leaving the grounds of Secret Youth Center and that travel may be by walking, bicycling, Jefferson County Schools bus, in-line skating, or by an Apex Park and Rec Van. I will ask my child for the weekly schedule every Monday to keep informed of trips planned and any special equipment, fees, or clothing needed by my child.

Van Conduct

_____ I hereby certify that I have read and explained these rules to my child and they understand and commit to abide by the rules.

1. Passengers will remain seated with seat belts fastened while in Van.
2. The doors will be opened and closed by the day camp leaders only.
3. Leaning out of the van or putting body parts out of the van windows is prohibited.
4. The van driver will be the final authority on all matters concerning the van. Such matters as operation of the van safety and conduct of passengers and proper observance of rules will rest ultimately with the driver.
5. Van seats and all parts of the van will be given proper care and respect. There will be no standing on seats, crawling over seats, using seat backs as footrest or bouncing on the seat.
6. Care must be given when food is allowed in the van. All trash is to be disposed of appropriately and completely. Campers will be expected to leave the van cleaner than when they found it.
7. Wet and dirty clothing will be stowed on the floor of the van.
8. Failure to comply with these rules may result in loss of field trip privileges for an individual camper or a group.

PG Video Permission

_____ I hereby give my permission for my child to watch PG movies at Apex Park and Rec. The day camp staff will determine the appropriateness of specific PG movies, and movie titles will be made available to parents prior to showing. Alternate activities will be provided for children not viewing the movie.

Child's Name _____ Parent/Guardian Name _____

Parent/Guardian Signature _____ Date _____

PERMISSION FOR MEDICATION

Only if your child will be taking medication on site

Name of Child _____ Age _____

Primary Health Care Provider _____

Medication _____ Dosage _____

Route _____

Purpose of Medication _____

Time of day medication is to be given _____

Possible side effects _____

Anticipated number of days it needs to be given at the facility _____

I hereby give my permission for _____ to take the above prescription or over-the-counter medication at the Secret Day Camp as ordered. I understand that it is my responsibility to furnish and refill this medication.

Date

Signature of Parent or Guardian

Date

Signature of Physician Prescriptive Authority
(IE: DOCTOR)

Note: The prescription medication is to be brought to the facility in its original pharmacy container appropriately labeled by the pharmacy or person with prescriptive authority along with a copy of the medication authorization order.

We are unable to give away any medication – prescription or over-the-counter medication- without written authorization from somebody with prescriptive authority.