

SUMMER PLAYGROUND PROGRAM EMERGENCY INFORMATION FORM

GENERAL INFO

PARTICIPANT'S NAME: _____, _____ NICKNAME: _____
LAST FIRST
ADDRESS: _____ APT #: _____ CITY/STATE/ZIP: _____
AGE: _____ BIRTHDATE: ____/____/____ GENDER: _____
GRADE ENTERING: _____ SCHOOL ATTENDED: _____

PARENT/GUARDIAN INFO

1 PARENT/GUARDIAN'S NAME: _____, _____
LAST FIRST RELATION TO CHILD

PHONE #: _____ EMAIL ADDRESS: _____

2 PARENT/GUARDIAN'S NAME: _____, _____
LAST FIRST RELATION TO CHILD

PHONE #: _____ EMAIL ADDRESS: _____

IN CASE OF AN EMERGENCY- WHO SHOULD WE CONTACT?

☐ PARENT/GUARDIAN #1 ☐ PARENT/GUARDIAN #2 ☐ OTHER: _____
NAME / RELATION TO CHILD / PHONE #

SUBSTITUTE PICK UP PERSONS _____, _____, _____

**MUST PROVIDE A NOTE ON DAY SUB WILL BE PICKING UP*

My child has permission to walk TO _____ and/or FROM _____ playground. Check and Initial: _____

MEDICAL INFO

HEALTH CARE NEEDS/CONCERNS: _____

TYPES OF MEDICATION TAKEN FOR HEALTH CARE NEEDS: _____

KNOWN ALLERGIES/SYMPTOMS/TREATMENT: _____

BEHAVIOR/DISCIPLINE

DOES YOUR CHILD REQUIRE 1v1 SUPPORT? YES NO

DOES YOUR CHILD HAVE AN IEP? YES NO

Please Explain: _____

BEHAVIORAL ISSUES: _____

MOST EFFECTIVE FORMS OF BEHAVIOR MANAGEMENT USED AT HOME: _____

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POLICY ACKNOWLEDGEMENT

SUNSCREEN POLICY:

It is the parent's responsibility to apply sunscreen before sending your child to playground. Staff members are not permitted to apply lotion sunscreen to your child, only spray sunscreen. Parents may send sunscreen and we will remind the children to re-apply.

Initial: _____

BEHAVIOR/DISCIPLINE POLICY:

Harassment, bullying, fighting, inappropriate behavior/language and continual disregard for playground policies and procedures will not be tolerated. Retaliation is also prohibited. My child may be dismissed from playground if this occurs, with no refund.

Initial: _____

ILLNESS POLICY:

If your child is sick, DO NOT BRING HIM/HER TO PLAYGROUND. If your child becomes ill while at playground, the parent/guardian will be called to come and pick up the child. If the first contact cannot be reached, the second contact will be notified.

Initial: _____

MEDICATION POLICY:

Playground participants are not permitted to have over-the-counter (OTC) medicines in their possession. Staff will not provide OTC medicines. Epi-pens and inhalers are allowed, but must be clearly marked with the child's name and must be kept in the child's backpack at all times. No playground staff are permitted to administer medication.

Initial: _____

WAIVER & RELEASE:

I will, in no way, hold West Manchester Township responsible for any injury or accident that might occur to my child while participating in this activity.

Initial: _____

PHOTO RELEASE:

I hereby give my permission for my child's picture to be used by the West Manchester Township Parks and Recreation Department for publication, video, or promotional materials.

Initial: _____

PARENT HANDBOOK:

I have thoroughly read the Parent Handbook and agree to the rules and regulations.

SIGNATURE OF PARENT/GUARDIAN

DATE

OTHER

Additional information to know about your child:

