



PLAYGROUND EMERGENCY CONTACT INFORMATION

FAMILY LAST NAME _____ **Date** _____

First Name Child 1 _____ M F AGE: _____ Cell (if have) _____

First Name Child 2 _____ M F AGE: _____ Cell (if have) _____

First Name Child 3 _____ M F AGE: _____ Cell (if have) _____

Parent/Guardian #1 Name _____ Primary Phone _____
Secondary Phone _____

Parent/Guardian #2 Name _____ Primary Phone _____
Secondary Phone _____

Additional Contact/Authorized Pick Up (required):

Name _____ Relationship to Child(ren) _____ Phone _____

Is there anyone that should **NOT** pick up your child(ren)? If yes, name of person _____

Can your child(ren) sign in / out themselves (leave by themselves)? NO YES

Do you carpool with other participants? If yes, which participant(s) _____

This will serve as permission to allow your child to leave with this carpool family as an authorized pick up.

ALLERGY: My Child _____ (name) has a _____ allergy.

Type of reaction _____

Steps to be taken _____

Does your child carry an EpiPen? _____ Does your child know how to use it? NO YES

MEDICAL: My child _____ (name) has a medical condition (explain) _____

Steps to be taken _____

MEDICATION

Does your child(ren) need to take medicine?

If so, which child _____ and what medication _____

*Note: Staff **CANNOT** administer medication but can remind the child to take it.*

PRIMARY CARE PHYSICIAN'S NAME _____ Phone _____

Should an emergency arise during participating in a department program, I give permission to have a City employee representative take proper measure in care of my child. I also give permission to have my child transported to an area emergency facility, or the nearest hospital if outside of the City of Hartford if felt necessary by that representative.

If my child becomes a disruption to the rest of the group, I understand my child will be removed from the group, and if the disruption is severe, will not be allowed to return to the activity.

SIGNATURE of PARENT _____

ALLERGY AND/OR MEDICAL INFORMATION CONTINUED