



2011-2012 EMERGENCY/PERMISSION FORM
Plainfield Park District
Great Adventures Program

Office Use Only

Room _____
 Session _____
 Time _____

Name of Participant _____ Home Phone # _____

Date of Birth _____ Subdivision _____

Address _____ City _____ Zip _____

Email address: _____ @ _____

Who does child reside with? _____ Both _____ Mother _____ Father

Mother's Name _____ Cell Phone # _____

Occupation _____ Place of Employment _____

Work Phone # _____ ext. _____ Best number to contact you at: ___home ___cell ___work

Father's Name _____ Cell Phone # _____

Occupation _____ Place of Employment _____

Work Phone # _____ ext. _____ Best number to contact you at: ___home ___cell ___work

In the event of an emergency, please list two additional local contacts:

Name _____ Relationship _____ Phone _____

Name _____ Relationship _____ Phone _____

Please list the names and relationships of other household members: _____

Does your child have any specific allergy to food or drink? _____ yes _____ no

If yes, what? _____

Does your child carry an epi-pen? _____ yes _____ no

Please list any additional comments and information about your child that would be helpful for us to know about. (Include fears, special instructions, problems, behaviors, etc.) Feel free to attach additional sheets to this form if needed for additional comments.

CARPOOL INFORMATION

The following individual(s) have permission to pick up my child from class. Children will not be released from class to any person **NOT** placed on this list. You may add or delete from list at any time needed.

1. _____ Relationship Mother
2. _____ Relationship Father
3. _____ Phone _____ Relationship _____
4. _____ Phone _____ Relationship _____
5. _____ Phone _____ Relationship _____
6. _____ Phone _____ Relationship _____

VOLUNTEER OPPORTUNITIES

I am interested in volunteering for class parties and/or program events ___yes ___no

I am not able to volunteer for parties or events but I am willing to donate supplies ___yes ___no

PUBLICITY PERMISSION

I hereby give my permission to Great Adventures to use my personal information for the purpose of a classroom directory.

Signature: _____ Date: _____

I hereby give my permission to the Plainfield Park District **and** Great Adventures to use the likeness of my child in T.V., film, and printed media for the purpose of advertising or communicating the purpose of activities of this program.

Signature: _____ Date: _____

PARENT PERMISSION TO PROVIDE HOSPITAL TREATMENT

I hereby give my permission to the Plainfield Park District to have my child taken to a hospital in the event of a serious accident or illness if I cannot be contacted. I will assume full financial responsibility for this.

Signature: _____ Date: _____