

# St. Andrew's Parks and Playground

## Emergency Information and Parental Consent Form

This information will be accessible at all times. Please fill out this form leaving nothing blank.

1. Child's Name \_\_\_\_\_ Date of Birth \_\_\_\_\_

2. Camp child is attending \_\_\_\_\_

3. Parent's/Guardian's Names \_\_\_\_\_

4. Home Address \_\_\_\_\_

5. Work and Home Numbers \_\_\_\_\_

6. Doctor's name and phone number \_\_\_\_\_

7. Emergency contacts (Name and Phone Numbers) \_\_\_\_\_

8. Special needs (list all medications that your child will need to take during camp hours and the times each should be administered, all medications must be given to a camp counselor in its' prescribed bottle) \_\_\_\_\_

9. List all individuals that can pick up your child. Those people not listed will not be able to pick up your child without written permission from the parent or legal guardian in advance \_\_\_\_\_

\*\*\*\*\***Parental Consent**\*\*\*\*\*

We/I parent(s) of \_\_\_\_\_, participant of camp give our/my approval to participate in any and all activities and field trips held on and off St. Andrew's Parks and Playground during the week(s). We/I do here by waiver, release, absolve, indemnity, and agree to hold harmless the organizers, sponsors, supervisors, participants and persons involved, in the event of any injury to our/my participant during the camp for claims arising.

We/I will be responsible for some type of medical insurance coverage, as it is a St. Andrew's Parish Parks and Playground Department requirement, and will provide the needed information to the front desk staff or to the Programs Director. We/I further grant St. Andrew's Parish Parks and Playground Commission the unencumbered right to make promotional use of any pictures taken of the registrant while a participant is in the program.

We/I will be responsible for my child, participant, complying with the discipline policies and procedures for the camp programs at St. Andrew's Parish Parks and Playground Commission. We/I understand that if my child, participant, does not follow these guidelines, immediate dismissal may be the result.

Parent or Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_

**THANK YOU!!**