

CHICAGO RIDGE PARK DISTRICT
INFORMATION AND AUTHORIZATION RELEASE FORM 2016-2017

Child's Name _____ Date of Birth _____

Address _____ Home Phone # _____

City _____ Zip _____

School _____ Age _____ Grade _____ Gender _____

MOTHER OR LEGAL GUARDIAN: _____

Employer _____ Address _____

Work Phone # _____ Work Hours _____

Cell Phone # _____

FATHER OR LEGAL GUARDIAN: _____

Employer _____ Address _____

Work Phone # _____ Work Hours _____

Cell Phone # _____

CHILD LIVES WITH _____
IS THERE A COURT ORDER PREVENTING SOMEONE FROM PICKING THE CHILD UP?
_____ IF YES, WE **MUST** HAVE A COPY OF THE DOCUMENT FOR THE CHILD'S SAFETY!

The following people are authorized to pick up my child from the Chicago Ridge Park District in addition to the above listed parents/guardians. These people can also be contacted if I cannot be reached in an emergency.

Name _____ Address _____
Home Phone # _____ Work/Cell # _____

Name _____ Address _____
Home Phone # _____ Work/Cell # _____

Name _____ Address _____
Home Phone # _____ Work/Cell # _____

I have completed this form and I agree to abide by the rules of The Chicago Ridge Park District in relation to this program. I understand that the above emergency contacts will be the only people allowed to pick up my child with a valid state I.D.

Parent/guardian's signature _____ Date _____

Parent Email Address: _____
FOR OFFICE USE ONLY

Resident (check box)	Non-Resident (check box)	Staff Initials

EMERGENCY TREATMENT RELEASE

Does your child have any limitations or conditions that the counselors need to be aware of (i.e., asthma, allergies, ADDHD, etc.)?

Child's Physician _____ Phone # _____

As a parent/guardian, I authorize that in a medical emergency regarding my minor child, that the local emergency medical service be contacted. If, as a determined by the local emergency medical service, my child needs immediate care and needs to be transported to an emergency care center, I authorize treatment and transportation. If in the opinion of the attending physician at the emergency care center that further treatment is necessary, I authorize the treatment of my child.

I recognize that the time is important during an emergency situation and I authorize emergency medical treatment for my child. However, a reasonable effort should be made to contact myself and/or if needed, the alternate emergency contacts listed on the previous page.

I declare that I exercised my own judgment in deciding whether to sign this agreement and I further declare that my decision to sign was not based on or influenced by any declarations or representations of the Chicago Ridge Park District or its employees, agents, or instructors. In addition, I agree that I will be responsible for payment for any and all medical services provided.

Parent/Guardian's Signature _____ Date _____