



Wildwood Park District EMERGENCY CONTACT INFORMATION

PLEASE PRINT

Child's Last Name _____ Child's First Name _____

Date of Birth ___ / ___ / _____ Check: ___ Male ___ Female Primary Email _____

Address _____ City _____

PARENT GUARDIAN	NAME	CELL PHONE #	HOME PHONE #	WORK PHONE #
Mother				
Father				

(If applicable)

Caregiver's Name _____ Caregiver's Cell # _____

MUST LIST TWO (2) persons to contact in case of emergency if parents are unavailable (other than parents or caregiver).

*The two (2) persons listed may pick up my child if necessary. ** Emergency persons must live within a 10-15 minute drive from school **.*

1. Name _____ Relationship to Child _____

Address _____ City _____

Home Phone _____ Cell # _____

2. Name _____ Relationship to Child _____

Address _____ City _____

Home Phone _____ Cell # _____

List health concerns: i.e., allergies, medications, seizures, diabetes, etc. (For emergency use)

My child will not be released to anyone, but his/her parents, the above persons, or persons listed on 'Authorization For Pick Up' form. The Wildwood Park District Staff must have **WRITTEN PERMISSION** to release your child to any other person. In case of illness or emergency, I authorize the Wildwood Park District Staff to provide any emergency care deemed necessary for my child, including CPR, administering first aid, and calling emergency medical services.

Date ___ / ___ / _____ Parent/Guardian Signature _____