



# Wildwood Park District Emergency Contact Information 2022

PLEASE PRINT

Child's Last Name \_\_\_\_\_ Child's First Name \_\_\_\_\_

Date of Birth \_\_\_ / \_\_\_ / \_\_\_\_\_ 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 camp \*\*.*

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 \_\_\_\_\_

Parent/Guardian Printed Name \_\_\_\_\_

## MEDICAL HISTORY

Does your child have any health concerns that staff should be aware of? YES NO

If yes, please explain:

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Does your child take any medication regularly? YES NO

If yes, please list and explain:

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Will your child need to take medications while at this program? YES\* NO \*If yes, must complete Medical Distribution Form

If yes, please list and explain:

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Are Park District provided snacks a potential concern? YES NO

If yes, please explain:

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### ALLERGIES: Complete below if your child has allergies

Allergy to:	Contact or Ingestion	Symptoms	Medication Needed	Life Threatening?
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