



# Wildwood Park District Emergency Contact Information 2025

CHILD'S LAST NAME	CHILD'S FIRST NAME	DATE OF BIRTH
		/ /
<b>ADDRESS:</b>		
<b>CITY:</b>	<b>STATE:</b>	<b>ZIP CODE:</b>

## PARENT / GUARDIAN INFORMATION

**PARENT 1:**

<b>Name:</b>		<b>Relationship:</b>
<b>Cell #</b>	<b>Home#</b>	<b>Work#</b>
<b>Email:</b>		

**PARENT 2:**

<b>Name:</b>		<b>Relationship:</b>
<b>Cell #</b>	<b>Home#</b>	<b>Work#</b>
<b>Email:</b>		

## EMERGENCY CONTACT

**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 \*\*.

**CONTACT 1:**

<b>Name:</b>		<b>Relationship:</b>
<b>Cell #</b>	<b>Home#</b>	<b>Work#</b>
<b>Address:</b>		

**CONTACT 2:**

<b>Name:</b>		<b>Relationship:</b>
<b>Cell #</b>	<b>Home#</b>	<b>Work#</b>
<b>Address:</b>		

List health / behavioral 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,AED, administering first aid, and calling emergency medical services.

Date \_\_\_\_ / \_\_\_\_ / \_\_\_\_\_ Parent/Guardian Signature \_\_\_\_\_

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